



**PEDORTHIC LABORATORY SPECIALTIES**  
 SINCE 1997 • PedorthicLab.com

West Coast Laboratory

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**CUSTOM ACCOMODATIVE INSOLES  
 AND TOE FILLER  
 ORDER FORM**

**ORDERING COMPANY INFO**

Please fill out this form as accurately as possible.

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

PATIENT NAME / REFERENCE NUMBER \_\_\_\_\_ GENDER \_\_\_\_\_

ORDER / PO # \_\_\_\_\_ ORDER DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CONTACT NAME \_\_\_\_\_

**SHOE INFO**

Required to properly trim insole to shoe template.

BRAND \_\_\_\_\_ MODEL \_\_\_\_\_ SIZE \_\_\_\_\_ WIDTH \_\_\_\_\_

**ORDER INFO**

Please mark quantities appropriately.

**CUSTOM INSERTS (A5514)**

- 1 PAIR     DUAL LAYER     35+
- 2 PAIR     TRI-LAYER     50+
- 3 PAIR

**DUROMETER**

Please clearly mark your specific request for accommodations.

Be as detailed as possible. Some accommodations may be subject to additional charges.

All toe-fillers orders must be shipped to California location.



Plantar View of Foot

**HALLUX/TRANSMET**

**FILLER (TFET) SELECT QTY OF FILLERS**

- LEFT     (1)     (2)     (3)
- RIGHT     (1)     (2)     (3)

**CARBON**

**FOOTPLATE (CSCTP)**

- LEFT QTY: \_\_\_\_\_
- RIGHT QTY: \_\_\_\_\_

Accommodations		
	L	R
Met Pad		
Met Bar		

Metatarsal Cut Outs					
	1	2	3	4	5
Right					
Left					

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_