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CUSTOM ACCOMODATIVE INSOLES AND TOE FILLER HANGER CLINIC ORDER FORM

HANGER CLINIC INFO

Please fill out this form as accurately as possible.

COMPANY HANGER CLINIC

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
(P5513ET-1)

DUAL LAYER

35+

2 PAIR
(P5513ET-2)

TRI-LAYER

50+

3 PAIR
(P5513ET-3)

DUROMETER

Please clearly mark
your specific request
for accommodations.

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

All toe-fillers orders
must be shipped to
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: _____
