



CUSTOM INSOLE ORDER FORM FOR PROFESSIONALS

Invoice To _____

Delivery To _____

Email _____

J/Sheet No. _____

Trust & Hospital/Clinic:	Date:
Department:	Order No:
Patient Name:	Ordered By:
Shoe Size:	Tel No: (in case of query)

(Circle to select)	Right			Left		
EVA Density	Low	Medium	High	Low	Medium	High
Polypropylene	Right			Left		
Width Fitting	Slim	Standard	Wide	Slim	Standard	Wide
Length of Insole	3/4	Sulcus	Full	3/4	Sulcus	Full
Heel Cup Height	(mm)			(mm)		
Extension Material	EVA	Poron	PPT	EVA	Poron	PPT
Cover Material	EVA	Leather	Poron	EVA	Leather	Poron
	Nora	Microfibre	Other (Specify below)	Nora	Microfibre	Other (Specify below)

Posting Instructions (Enter degrees required)	Right		Left	
	Lateral	Medial	Lateral	Medial
Forefoot				
Rearfoot				
Heel Raise	(mm)		(mm)	

Any Special Instructions:

Please draw around current shoe insole on lid of impression box and return this with your impression box to:
Lakeland Orthotics Limited, Unit 1, 273 Wincolmllee, Hull, East Yorkshire, HU2 0PZ

If using 3D Podoscanner, use the reverse of the order form to trace the insole and return by email to: info@lakelandorthotics.co.uk