new step orthotic lab, inc.
14 Schiber Court
Maryville, IL 62062
PH: 618-208-4444
FAX: 618-205-3461
scans@nsolinc.com
www.newsteporthotics.com

Diabetic Order Form

Date
Dr/Practitioner
Name
Facility Name
Phone
And Address:

DO NOT LEAVE BLANK

PURCHASE ORDER #

☐ 2 Day Rush $50
☐ 3 Day Rush $35

FOR OFFICE USE ONLY
Cast ID _____
Scanned ☐

Name: _____

M ☐ F ☐ Age _____ Weight Lbs. _____ Brand _____

Style: ☐ Athletic ☐ Dress ☐ Casual ☐ Diabetic Size _____

Pairs of Orthotics ☐ **Other**: _____

Diagnosis _____

DIABETIC DEVICE

☐ Diabetic I	☐ Diabetic I Firm	☐ EVA Diabetic	☐ Soft Zote Diabetic
☐ Cork Diabetic	☐ Diabetic II	☐ Full Cork Diabetic	☐ XPE Diabetic

☐ **Toe Filler*** **L** ☐1 ☐2 ☐3 ☐4 ☐5 **R** ☐1 ☐2 ☐3 ☐4 ☐5 ***Shoe Size Required**

☐ **TMA*** ☐ **LT** ☐ **RT**

*Toe Fillers & TMA's require impressions and shoes

☐ Morton's Carbon Plate ☐ LT ☐ RT
☐ Contoured Carbon Plate ☐ LT ☐ RT
☐ Flat Carbon Plate ☐ LT ☐ RT

Are Shoes Enclosed
☐ Yes ☐ No

Modifications & Posting

☐ Heel Cups ..... ☐ L ☐ R
☐ Low ☐ Medium ☐ Deep

☐ Metatarsal Pads/Raise ..... ☐ L ☐ R
☐ S ☐ M ☐ L

☐ Metatarsal Bar ..... ☐ L ☐ R
☐ S ☐ M ☐ L

☐ Heel Spur Cut-Outs w/PPT Fill ..... ☐ L ☐ R

☐ Metatarsal Cut Out ..... ☐ L ☐ R
L ☐1 ☐2 ☐3 ☐4 ☐5 **R** ☐1 ☐2 ☐3 ☐4 ☐5
☐ Fill with PPT

☐ Medial Flange ..... ☐ L ☐ R

☐ Lateral Flange ..... ☐ L ☐ R

☐ Heel Lift/Amount ..... _____ L _____ R

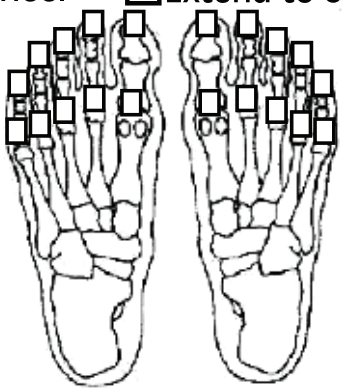
☐ Extra Cushion _____ ☐ L ☐ R

POSTING

☐ Medial Post ..... ☐ L ☐ R
☐ Heel ☐ Extend to 1st ☐ Full Length

☐ Lateral Post ..... ☐ L ☐ R
☐ Heel ☐ Extend to 5th ☐ Full Length

Special Instructions:



BOTTOM VIEW

NEW STEP WILL AUTOMATICALLY SEND THE PAIRS REQUESTED OR 1 PAIR UNLESS OTHERWISE SPECIFIED.

This includes Toe Fillers/TMA's.

Mark impressions and order form for accommodations