



Date:

INLAY-TEST SHOE ORDER FORM

Company Name:

Branch:

Shoe clinician:

Mr. Mrs.

Last No.:

Order No.:

Client name:

Inlays

Inlays number 10 - 15: standard inlays

10 Standard

11 Semi-Diabetic

12 Diabetic

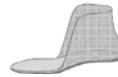
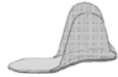
13 Diabetic Plus

14 Work Shoes

15 Bath Shoes



Inlays number 20-27: inlay with reinforcement



Inlays numbers: 40-54 inlay with amputation support



Standard Inlays 10-15

Left Right

Number If other than standard: mm thick1. Layer 2. Layer 3. Layer

Order working inlays (cork)

Inlay thickness

See markings on last

Inlays with reinforcement 20-27

Left Right

Number If other than standard: mm thick1. Layer 2. Layer 3. Layer

Order working inlays (cork)

Inlay thickness

See markings on last

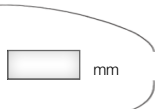
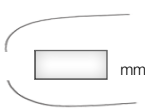
Inlays with amputation support 40-54

Left Right

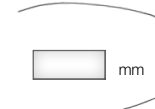
Number If other than standard: mm thick1. Layer 2. Layer 3. Layer 4. Layer 5. Layer 6. Layer

Measurements of the inlay:

Left

 mm mm mm mm mm

Right

 mm mm mm mm mm

Rocker Type number:

Rockerdirection

Left Right

Medial

Lateral

Modelling of inlays

Refined modelling

Standard

Test shoes

Test shoe type

Le Ri

R - PVC Hard foil 5002

M - Ercoflex Soft foil 5001

S - Leather test shoe low

T - Leather test shoe high

Test shoe height

Left Right

Low High mm

Heel height

Le mm Ri

Heel options

Heel flare

Left

Right

Med mm Med mmLat mm Lat mmBack mm Back mm

Heel rounding

Le standard or A - B mmRi standard or A - B mm

Rocker in the test shoe

Rocker Type number:

Rocker measurements:

Heel

Ball

Toe

Le mm mm mmRi mm mm mm

Space sole

General Le Ri 3 mm 5 mm

Under ball Le Ri 3 mm 5 mm

Technical drawing

Inlay

Remarks: