

Podiatrist:	Clinic:	Date:
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Patient ID: Name	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Shoe Size:	Comments:
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		R	L	Further information:
Base	Regen (1mm)			
	EVA (2mm)			
	Poron (3mm)			
	Slimflex			
	Other (Please state)			
Components / Padding (3mm standard unless specified)	Cobra Pad			
	Arch Support (6mm standard)			
	Heel Raise (4mm unless specified)			
	PMP			
	PMP with U			
	PMP with wing			
	Met Bar			
	Met Dome			
	2-5 Balance pad			
	Morton's extension			
	Other (Please State)			
Wedges (please state 3°, 4° or 5°)	FF Varus			
	FF Valgus			
	RF Varus			
	RF Valgus			
Top cover	Vinyl			
	Poron			
	Suede			
	EVA			
	Other (Please State)			

Please ensure you have completed the following:

- identified all relevant anatomical landmarks and pathologies
- illustrated the precise shape of any pads and wedging
- if a pair of insoles are required – provide two templates and put the patient's name on both