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# MOULDED INSOLES ORDER FORM

Practitioner \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Patient Name \_\_\_\_\_  
 Symptoms (Note For prescription checking process) \_\_\_\_\_  
 Date required (Note: 10 Working days as standard. Allow 24 hours for courier) \_\_\_\_\_  
 Signed \_\_\_\_\_

Invoice Address \_\_\_\_\_  
 Delivery Address \_\_\_\_\_  
 Arden Order No. \_\_\_\_\_  
 Account No. \_\_\_\_\_

Where no specification is indicated, the default setting (**in bold italic type**) will be applied

**Shell Material:**  Polyprop  **Black**  Clear  
 Carbon Composite  
**Flexibility:**  Rigid  **Standard**  Flexible  
**Patient's Weight:** \_\_\_\_\_ kg

**Cast Correction:** (Note: All casts have 6mm arch fill. 5mm lateral expansion foam boxes no correction)  
**Arch Fill:** (Moves the shell away from the arch)  
 3mm  **6mm**  9mm  Other \_\_\_\_\_

**Rearfoot Control:**  
**LEFT** Posting \_\_\_\_\_° **Med** or Lat  
 Integral posting (increased stability)  
 Intrinsic  **Extrinsic**  
 **Polyprop**  EVA  
 Heel Skives \_\_\_\_\_° **Med** or Lat  
 Heel Raise \_\_\_\_\_ mm  
**RIGHT** Posting \_\_\_\_\_° **Med** or Lat  
 Integral posting (increased stability)  
 Intrinsic  **Extrinsic**  
 **Polyprop**  EVA  
 Heel Skives \_\_\_\_\_° **Med** or Lat  
 Heel Raise \_\_\_\_\_ mm

**Forefoot Control:**  
**LEFT** \_\_\_\_\_°  
 Inverted  Everted  
 **Intrinsic**  Extrinsic  
 1st met cut out  
 1st ray cut out  
 1st ray addition \_\_\_\_\_ mm  
**RIGHT** \_\_\_\_\_°  
 Inverted  Everted  
 **Intrinsic**  Extrinsic  
 1st met cut out  
 1st ray cut out  
 1st ray addition \_\_\_\_\_ mm

**Special Fitting Instructions**  
**Reduced Bulk Options**  
 10mm heel cup  Mini heel post  Oval heel  
 Narrow shell  All  
 Shank independent (EVA and PU only)  
**Increased Control**  
 26mm heel cup  Medial Flange  Lateral Flange  All  
 Shank dependent (EVA and PU only)  
**Pitch** \_\_\_\_\_ mm (**4mm standard**)

**Additions**  
**Top cover**  Vinyl  
 Leather: Black/Beige  
**Forefoot extension**  
 **1.5mm PP2**  
 3mm PP2

**For technical support please contact:**

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**Functional EVA:**  
 High density  **Medium density**  Low density  
 Polyurethane  Medium density  Low density

**Dual density EVA:**  
 50% high with 50% medium  50% high with 50% low  
 Device length  mets  Sulcus  Toes

**Total Control Insole (TCI):**  
 A palliative device needing spacious footwear  
 (Note: a template of footwear is need for this device)  
 Material thickness at the heel \_\_\_\_\_ mm  
 Material thickness at the forefoot \_\_\_\_\_ mm

**Classification of Footwear: Please state shoe size** \_\_\_\_\_  
 Slim Fit  Football boot  Orthopaedic  Bespoke  
 Other. Please specify: \_\_\_\_\_

**Performer Device:**  
 Polyprop  Rigid  Standard  Flexible  
 **Black**  Clear

EVA  High density  **Medium density**  Low density  
 Polyurethane  Medium density  Low density  
 Device length  3/4 length  Sulcus  Full length

**Performer Instructions:** (Note: Performer kit need for these devices)  
 Length +/- \_\_\_\_\_ mm Width +/- \_\_\_\_\_ mm Arch \_\_\_\_\_ mm  
 For posting, etc use the relevant shaded areas

**Additional Instructions:**