



# NAOT CUSTOM INSOLE ORDER FORM

Piedmont Orthotic Laboratory, Inc. 240 Demos Drive Roebuck, SC 29376  
Tel. (864) 576-9033 Fax: (864) 576-7051 > 1-800-359-0483

Doctor \_\_\_\_\_ Patient \_\_\_\_\_

Address \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Original POL # \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

For patients with prior prescription orthotics from POL within the past five years, just fill out form and fax. If older recast patient for NAOT insoles. If ordering regular prescription orthotics you may attach this filled out form to it and receive a 10% discount on your NAOT order. All posting values are intrinsically post into innersole according to cast.

STYLE NAME \_\_\_\_\_ STYLE # \_\_\_\_\_ SIZE \_\_\_\_\_

COLOR # \_\_\_\_\_ CATALOG PG. # \_\_\_\_\_

### Indicate Lesions

Metatarsal Pads (mets 2-4)

L  R

Forefoot Accommodations

Lt.  1  2  3  4  5

Rt.  1  2  3  4  5



Right



Left

### Additional Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FOR LABORATORY USE ONLY

Date Received: \_\_\_\_\_

Order Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Plastic Thickness: \_\_\_\_\_

Negative cast type:  Splint  Foam

Cast Mold:  Good  Fair  Poor

Lab Comments: \_\_\_\_\_

### Orthotic Variables:

1) \_\_\_\_\_ 1) \_\_\_\_\_

2) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 3) \_\_\_\_\_

4) \_\_\_\_\_ 4) \_\_\_\_\_

5) \_\_\_\_\_ 5) \_\_\_\_\_

### Posting Amounts:

FF Post L R Arch HT. \_\_\_\_\_

Intrinsic: \_\_\_\_\_ FF \_\_\_\_\_

RF \_\_\_\_\_

POL Order # \_\_\_\_\_