

Dr.Comfort DIABETIC INSERT ORDER FORM

ORDER SHOES: SHOE STYLE: SHOE COLOR: SHOE SIZE: SHOE WIDTH: ORDER INSERTS ONLY: SHOE SIZE: SHOE WIDTH: SEX:	JE INFU	Must un	oose one Option							
DIABETIC INSERTS Medicare does require a new scan yearly for orders. PLEASE SELECT: LEFT RIGHT BOTH OTY: 1123 "If no quantity selected, 3 will be default DO YOU NEED A TOE FILLER FOR THE OTHER FOOT? Y N WHAT'S MISSING: If selected, we will send ONE toe filler for DIABETIC INSERT SPECIFICS BASE LAYER (CHOOSE ONE): MEDIUM YELLOW (DEFAULT) PINK/BLUE BILAM HEEL CUP (CHOOSE ONE): SOFT BLUE (DEFAULT) HIGH SHALLOW MEDIAL FLANGES (CHOOSE ONE): STANDARD (DEFAULT) HIGH LATERAL FLANGES (CHOOSE ONE): STANDARD (DEFAULT) HIGH LATERAL FLANGES (CHOOSE ONE): STANDARD (DEFAULT) HIGH SPECIAL MODIFICATIONS RIGHT MET PAD (MARK LOCATION)* OFFLOADING* OFFLOADING* MEDIAL HEEL WEDGE* LATERAL HEEL WEDGE* LATERAL HEEL WEDGE* CHARCOT OFFLOAD* "SWEET SPOT" CHARCOT OFFLOAD* "CHARCOT OFFLOAD* "SCANDARD WE STANDARD WE STANDAR	ORDER SHOES	S: SHOE ST	YLE:	SHOE CO	DLOR:		SHOE S	SIZE:	SHOE WIDTH:	
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Keep a copy of your tracking number!	a copy of your trackir	ing number!								

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