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# Diabetic A5513 Custom Inserts

**BILL TO**

Account Name: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 PO Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

**SHIP TO** Same as Billing

Account Name: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Casting Contact: \_\_\_\_\_  
 Email: \_\_\_\_\_

**PATIENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Shoe Size (required): \_\_\_\_\_ Shoe Style: \_\_\_\_\_

Shoes Enclosed  Insoles Enclosed  Tracing Enclosed

**DIABETIC A5513 CUSTOM INSERT**

ORDERING:  3 Pair  Left Only  Right Only

**ACCOMMODATIONS**

Toe Prosthesis (shoe required) *\*add'l charges apply -please mark on diagram*

Pair(s)  Left Only  Right Only

TMA Prosthesis (shoe required) *\*add'l charges apply -please mark on diagram*

Pair(s)  Left Only  Right Only

Metatarsal Raise (in shell)

Left  Right

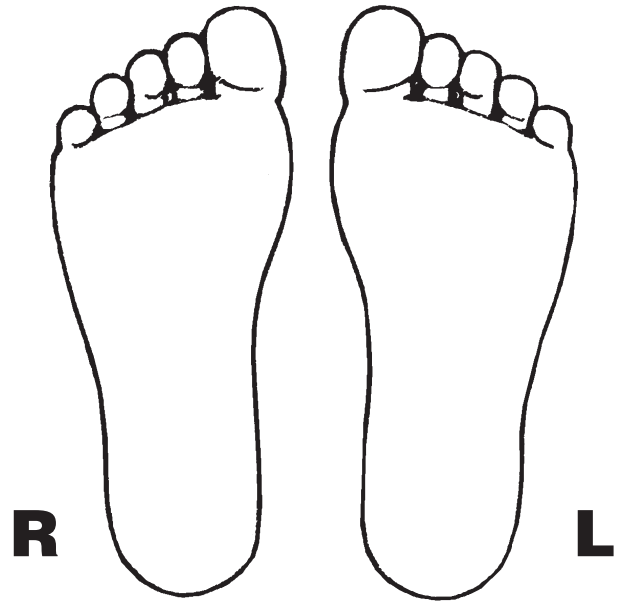
Cut-Outs - please mark placement on cast or form diagram

Left  Right

**SUPPLIES**

- Diabetic Inserts Order Forms (15)  UPS Labels (15)
- Shipping Boxes (5)

**SPECIAL INSTRUCTIONS**



**Notes:** \_\_\_\_\_  
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