

Enertor® Bespoke Prescription Form

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I agree with Enertor® Terms and Conditions

Standard [5 days]* Speedy [3 days] Express [24 hours]



ENERTOR
MEDICAL
Admin Use Only

Practitioner/Company
Address Post Code
Phone Email
Patient Name
No. Of Pairs Repeat pair Shoe Size Weight Kg
Attachments: Template Foam Box Cast 3D Scan Footscan Footwear Other Clinical Support

Order #
Received
Despatched
Account

1. Orthotic Style

2. Top Cover

EVA
EVA Style:
 Classic*
 Sport/Activity
EVA Shell Material:
 [Beige] Ultra Soft
 [Blue] Soft
 [White] Support*
 [Black] Max. Support

CARBON
Carbon Style: Classic*
 Heel Pain
 Slim Fit
 Fashion Fit
 Marathon
 Cobra
 Football
 Rugby

Carbon Thickness:
 [2mm] Flexible
 [3mm] Semi-Flexible*
 [4mm] Rigid

Heel Cup Depth:
 [10mm] Shallow
 [15mm] Deep*
 [20mm] Extra Deep

Length: Shell Length Sulcus Length Full Length* cm
Width: Standard Fit* Narrow Fit Wide Fit cm

Top Layer:
 ELITE*
 SMART LEATHER¹
 SMART SUEDE¹

Cushion Layer²:
 PX1®* 3mm
 EXTRAFOAM SOFT 3mm
PORON 4000 PORON 94
 1.6mm 1.6mm
 3.2mm 3.2mm
 6.4mm 6.4mm

EVA³:
 AQUA 2mm
 AQUA 3mm
 LUNASOFT 3mm
 HARD EVA 3mm

*USED AS STANDARD IF NOTHING CHOSEN, ¹ADDITIONAL CHARGE APPLIES,
²MUST BE USED WITH TOP LAYER, ³CAN BE USED WITH OR WITHOUT TOP LAYER.

3. Profile and Posting

Shell Arch Height Left Right
High [+3mm]
Normal* [To Cast]
Low [-3mm]

Rearfoot Wedge

Left Right
Medial°
Lateral°
 No Heel* Carbon Heel EVA Heel

Forefoot Wedge

Left Right
Medial°
Lateral°
 Built In Shell* Carbon EVA

4. Shell Modification

	Left	Right
Medial Heel Flange	<input type="checkbox"/>	<input type="checkbox"/>
Lateral Heel Flange	<input type="checkbox"/>	<input type="checkbox"/>
Medial Midfoot Flange	<input type="checkbox"/>	<input type="checkbox"/>
Lateral Midfoot Flange	<input type="checkbox"/>	<input type="checkbox"/>
Medial Heel Skive [mm]	<input type="text"/>	<input type="text"/>
Lateral Heel Skive [mm]	<input type="text"/>	<input type="text"/>
Heel Raise [mm]	<input type="text"/>	<input type="text"/>
1st Ray Cut Out	<input type="checkbox"/>	<input type="checkbox"/>
5th Ray Cut Out	<input type="checkbox"/>	<input type="checkbox"/>
1st MTPJ Cut Out	<input type="checkbox"/>	<input type="checkbox"/>
5th MTPJ Cut Out	<input type="checkbox"/>	<input type="checkbox"/>
PX1® Underfill [Carbon Device Only]	<input type="checkbox"/>	<input type="checkbox"/>
PORON Underfill [Carbon Device Only]	<input type="checkbox"/>	<input type="checkbox"/>

5. Padding

	Left [mm]	Right [mm]	PORON*	EVA ⁴	ES ⁵	PX1® ⁶
Medial Arch Pad	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heel Cushion Pad	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heel Spur Pad	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morton's Extension	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reverse Mortons Extension	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuroma Pad	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuroma Pad Location	5 4 3 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Plantar Metatarsal Pad [PMP]	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PMP Location	5 4 3 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

⁴WHITE EVA AND ⁵EXTRAFOAM SOFT – AVAILABLE IN VARIOUS THICKNESSES.

⁶PX1® AVAILABLE FROM 3mm, *ALL PADDING IN 1.6mm PORON UNLESS STATED OTHERWISE.

Additional Instructions and drawings:

Version 3.1 2024 | Works best using Google Chrome browser

