

Enertor® Flex Prescription Form

Tel. [01473] 834 891 | www.medical.enertor.com | E-mail: Orders@enertor.com



ENERTOR
MEDICAL
Admin Use Only

I agree with Enertor® Terms and Conditions

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

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 Foot Scan Footwear Other

Order #

Received

Despatched

Account

Clinical Support

1. Shell Details

Enertor® Flex range is limited to maximum 2 pairs of modifications including Wedges. Going beyond that limit will incur additional charges.

Heel Cup Depth:

- [10mm] Shallow
 [15mm] Deep*
 [20mm] Extra Deep

2. Top Cover

Length: Shell Length Sulcus Length Full Length* cm

Width: Standard Fit* Narrow Fit Wide Fit cm

Top Layer:

- ELITE*
 VILEDON¹
 SMART LEATHER¹
 SMART SUEDE¹

Cushion Layer²:

- PX1® 3mm*
 EXTRAFOAM SOFT 3mm
PORON 4000: PORON94:
 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.

Rearfoot Wedge

	Left	Right
Medial°	<input type="text"/>	<input type="text"/>
Lateral°	<input type="text"/>	<input type="text"/>

No Heel* EVA Heel Unfinished EVA

Forefoot Wedge

	Left	Right
Medial°	<input type="text"/>	<input type="text"/>
Lateral°	<input type="text"/>	<input type="text"/>

Built In Shell* EVAS

4. Shell Modification

	Left	Right
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"/>
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"/>
PX1® Underfill	<input type="checkbox"/>	<input type="checkbox"/>
PORON Underfill	<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	<input type="text"/>	<input type="text"/>	<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	<input type="text"/>	<input type="text"/>	- LEAVE BLANK FOR CUTOUTS			

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:

