



Enertor® Flex Prescription Form

Tel. 01473834891 www.rightstride.com Email: orders@enertor.com

I agree with Enertor® Terms and Conditions

Admin Use only

Practitioner or Company

Delivery Address

Phone

PO #/Patient Name

Standard (5 days) *This is subject to change depending on quantity requirements.

Post Code

Email

Order
Received Date
Despatch Date
Account
Clinical support completed

*Note this document is for ordering only and will not be treated as an official Purchase Order

***If requiring multiple styles for the same patient, please provide one form per style.**

Please note: The Enertor® Flex range is limited to a maximum prescription of rearfoot posting and one other pair of modifications. Going beyond this limit will incur further charge.

<p>1. Orthotic Style and Materials</p> <p>Size Pairs Required</p> <p>Flex Shell with rearfoot stabiliser</p> <p>Flex Shell without rearfoot stabiliser</p> <p>Heel Cup Depth:</p> <p>Shallow (1cm)</p> <p>Deep (1.5cm)</p> <p>Extra Deep (2cm)</p> <p>Please Note: * text denotes top cover option used on orthotic if none selected.</p>	<p>2. Rearfoot Posting</p> <table border="0"> <tr> <td style="text-align: center;"><u>Left</u></td> <td style="text-align: center;"><u>Right</u></td> </tr> <tr> <td>Unfinished</td> <td>Unfinished</td> </tr> <tr> <td>Neutral</td> <td>Neutral</td> </tr> <tr> <td>Medial</td> <td>Medial</td> </tr> <tr> <td>Lateral</td> <td>Lateral</td> </tr> </table> <p><small>*If none of the above are selected, a neutral finished heel will be applied to both feet.</small></p> <p>3. Forefoot Posting</p> <table border="0"> <tr> <td style="text-align: center;"><u>Left</u></td> <td style="text-align: center;"><u>Right</u></td> </tr> <tr> <td>Unfinished</td> <td>Unfinished</td> </tr> <tr> <td>Neutral</td> <td>Neutral</td> </tr> <tr> <td>Medial</td> <td>Medial</td> </tr> <tr> <td>Lateral</td> <td>Lateral</td> </tr> </table> <p><small>*Please note that forefoot posting will count as your additional modification if required.</small></p>	<u>Left</u>	<u>Right</u>	Unfinished	Unfinished	Neutral	Neutral	Medial	Medial	Lateral	Lateral	<u>Left</u>	<u>Right</u>	Unfinished	Unfinished	Neutral	Neutral	Medial	Medial	Lateral	Lateral	<p>4. Top Cover Option</p> <p>PX1® (with Topflight Fabric)</p> <p>PX1® & Elite</p> <p>Ultra Cushioning (Beige EVA)</p> <p>Cushioning (Grey EVA)</p> <p>Cushioning (Aqua EVA)</p> <p>Support (Black EVA)</p> <p>Lunasoft (water resistant EVA)</p> <p>Elite & Poron (1.6mm poron)</p> <p>Elite (1mm Faux Leather)</p> <p>Custom Elite (If purchased)</p> <p>Custom Elite & PX1 (If purchased)</p> <p>Custom Elite & Poron (If purchased)</p>
<u>Left</u>	<u>Right</u>																					
Unfinished	Unfinished																					
Neutral	Neutral																					
Medial	Medial																					
Lateral	Lateral																					
<u>Left</u>	<u>Right</u>																					
Unfinished	Unfinished																					
Neutral	Neutral																					
Medial	Medial																					
Lateral	Lateral																					

<u>Shoe Width</u>	Narrow	Standard	Wide	<u>Top Cover Length</u>	3/4	Sulcus	Full
-------------------	--------	----------	------	-------------------------	-----	--------	------

5. Modifications

	Left (mm)	Right (mm)	Poron	PX1®	EVA
Medal Arch Pad					
Heel Cushion Pad					
Heel Spur Pad					
Heel Raise					
Morton's Extension					
Reverse Morton's Extension					
Neuroma Pad					
Neuroma Pad Location	5 4 3 2 1	1 2 3 4 5			
Plantar Metatarsal Pad (PMP)					
PMP Cut Out location(s)	5 4 3 2 1	1 2 3 4 5			
1st Met Cut Out					
1st Ray Cut Out					
5th Met Cut Out					
5th RayCut Out					

Additional Instructions:

***If requiring multiple styles for the same patient, please provide one form per style.**

Please note: The Enertor® Flex range is limited to a maximum prescription of rearfoot posting and one other pair of modifications. Going beyond this limit will incur further charge.

**10-15 Pegasus, Orion Avenue, Great Blakenham,
Ipswich, IP6 0LW**

VAT No. 784078300