



ACE
FEET IN MOTION



Traditional Custom Insole
Prescription Form

T: 029 2037 0674 E: trade@feetinmotion.co.uk W: www.feetinmotion.co.uk

CLEAR FORM

Confidential
QD ACE____ Rev.1

PRACTITIONER DETAILS

Accompanying Articles: ☐ 3D Scan ☐ Impression Box ☐ Cast

Name:

Business Name:

Delivery Address:

Email:

Telephone:

PATIENT DETAILS

Name:

Gender: ☐ Male ☐ Female

DOB:

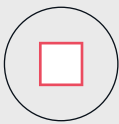
UK Shoe Size:

Insole: ☐ Pair ☐ Single

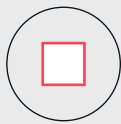
Repeat Order: ☐ Yes ☐ No

DEVICE SPECIFICATION (Please tick material required)

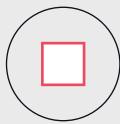
A18



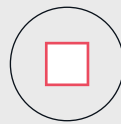
A30



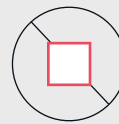
A40



A50

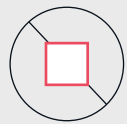


A30



A50

A50



A70

LEFT

Rearfoot Posting: ° ☐ Medial ☐ Lateral

Forefoot Posting: ° ☐ Medial ☐ Lateral

Accommodations:

☐ 1st Met Cut Out ☐ 1st Ray Cut Out ☐ 5th Ray Cut Out
☐ Medial Flange ☐ Lateral Flange ☐ Fascial Groove
☐ Morton Extension ☐ Cobra Pad ☐ Kirby Skive
☐ Met Bar ☐ Cuboid Pad ☐ Heel Spur Cut Out

☐ Met Dome: ☐ Small ☐ Medium ☐ Large

☐ Heel Lift: mm ☐ Heel Pad: ☐ Very Soft ☐ Soft

☐ Lesion Accommodation: ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

☐ Reverse Mortons Extension: ☐ Soft ☐ Medium ☐ Hard

RIGHT

Rearfoot Posting: ° ☐ Medial ☐ Lateral

Forefoot Posting: ° ☐ Medial ☐ Lateral

Accommodations:

☐ 1st Met Cut Out ☐ 1st Ray Cut Out ☐ 5th Ray Cut Out
☐ Medial Flange ☐ Lateral Flange ☐ Fascial Groove
☐ Morton Extension ☐ Cobra Pad ☐ Kirby Skive
☐ Met Bar ☐ Cuboid Pad ☐ Heel Spur Cut Out

☐ Met Dome: ☐ Small ☐ Medium ☐ Large

☐ Heel Lift: mm ☐ Heel Pad: ☐ Very Soft ☐ Soft

☐ Lesion Accommodation: ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

☐ Reverse Mortons Extension: ☐ Soft ☐ Medium ☐ Hard

MID LAYERS

Length: ☐ Full ☐ Sulcus ☐ 3/4

Material: ☐ 3mm Poron ☐ 1.6mm Poron

TOP COVERS

Length: ☐ Full ☐ Sulcus ☐ 3/4

Standard: ☐ EVA (Black) ☐ EVA (Beige) ☐ EVA (Marble) ☐ Cambrelle (Black) ☐ Multi-foam (Blue)

Premium: ☐ Microfibre Leather (Black) ☐ Perforated Leather (Anthracite) ☐ Spenco (Green)

Additional Spec/Info:

When completed please email this form to trade@feetinmotion.co.uk

THIS DEVICE CONFORMS TO THE RELEVANT ESSENTIAL REQUIREMENTS AS SET OUT IN ANNEX 1 OF THE REGULATION (EU) 2017/745 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL OF 5th APRIL 2017