

Order Form – Left Foot (F1-L)

Patient:	
Clinician:	
Email:	
Telephone:	
Purchase Order Number:	
Company:	
Date:	



Please complete all sections of the form. The silicone device will be manufactured in accordance with the information provided to The Silicone Centre, missing or incorrect information may affect the order lead time and expected outcome.

1. Patient History

Clinical/Medical history:

Peripheral Artery/Vascular Disease: ☐

Diabetic: ☐

Current health and tissue condition:

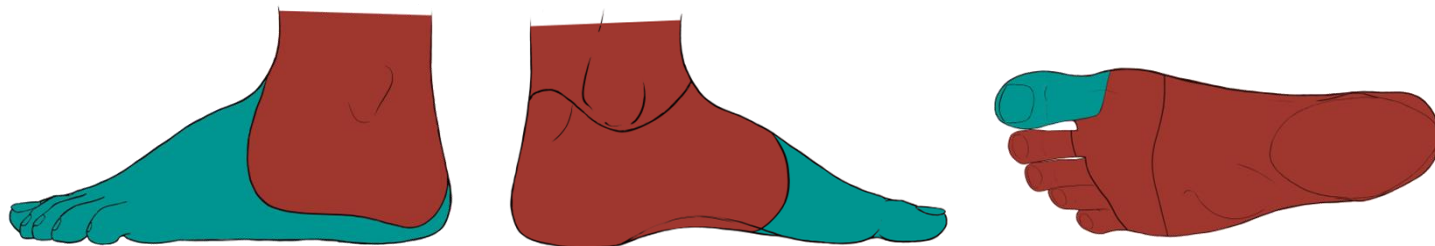
Previous silicone device:

Medication – antithrombotic, hypertensive, insulin, etc.

Patient ID:

2. Prosthetic Requirements

Level of amputation:



Silicone device type:

Purpose of use:

1 Digit: <input type="checkbox"/>	2 Digit: <input type="checkbox"/>	3 Digit: <input type="checkbox"/>	4 Digit: <input type="checkbox"/>	Full Foot: <input type="checkbox"/>
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A check socket will be provided and ordered. Please tick this box if a check socket is not required: ☐

Split toe: <input type="checkbox"/>	Soft silicone gel (for sensitive areas): <input type="checkbox"/>	Heel pitch: <input type="checkbox"/>
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Carbon fibre (to be provided by clinician): ☐
INCLUDED AS STANDARD:

- 1.5 to 2 mm thickness of cover
- Tapered Proximal trim

Please mark on the below diagrams the trim lines and any areas of sensitivity, requiring support or reinforcement, orthotic requirements (Heel raise, built in arch) etc.

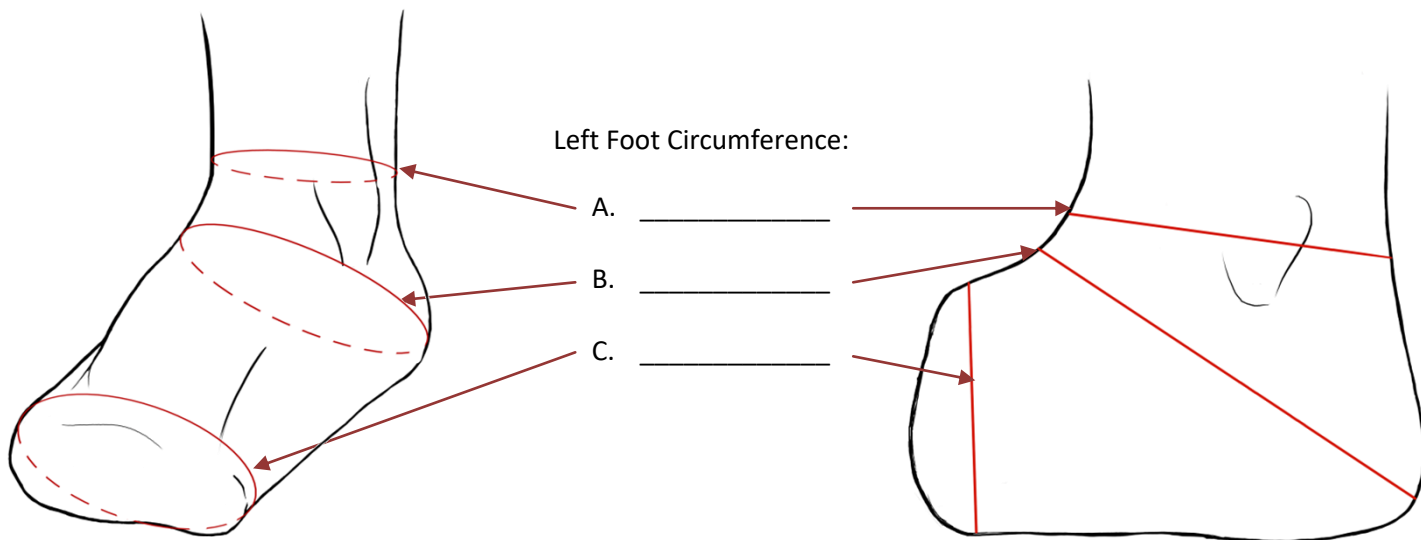


Patient ID:

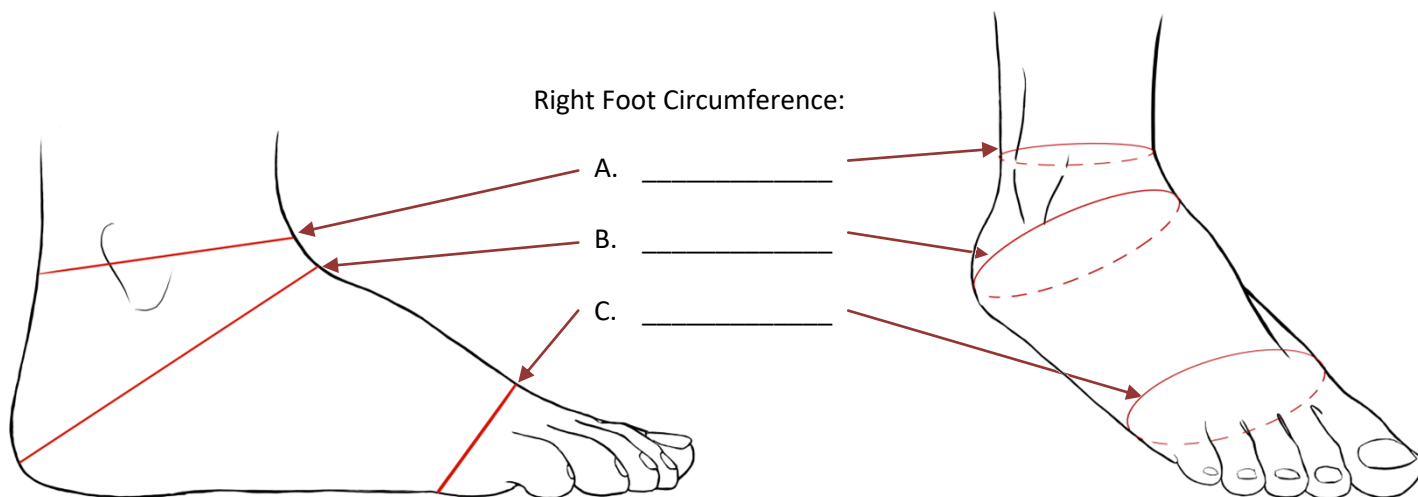
3. Measurements

Foot Length: Shoe Size:

Left Foot Circumference:

A. B. C. 

Right Foot Circumference:

A. B. C. 

Patient ID:

4. Colour Match

Product Type Uniform: ☐ Toned: ☐ Reality: ☐

Base Colour

Colour Swatch Number Colour Key

Secondary Colour

Colour Swatch Number Colour Key

Tertiary Colour

Colour Swatch Number Colour Key

Additional Colours (Reality Only)

Colour Swatch Number Colour Key

Additional Colours (Reality Only)

Colour Swatch Number Colour Key

Additional Colours (Reality Only)

Colour Swatch Number Colour Key

Additional Colours (Reality Only)

Colour Swatch Number Colour Key

Veins:

Raised ☐ Flat ☐ Spider ☐

Freckles:

Light ☐ Medium ☐ Dark ☐Hair (additional cost): ☐Tattoo (additional cost): ☐Body Art (additional cost): ☐

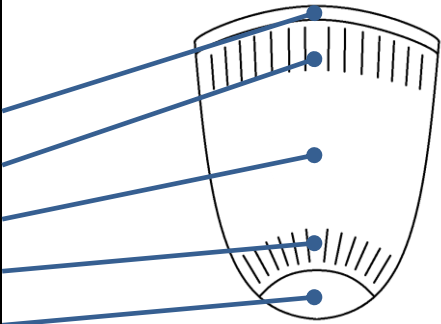
Patient ID:

4. Colour Match (continued)



Nail Colour Chart (*Not available in uniform finish)

Silicone:	
Acrylic*:	
Tip:	
Upper Nail Bed:	
Body:	
Lower Nail Bed:	
Root/Moon*:	
Nail Length:	
Tip Length:	



5 Comments:

Patient ID:

5. Comments (continued)



6. Essential Requirements Checklist

- ☐ Contact Details
- ☐ Patient history
- ☐ Amputation details and prosthetic requirements
- ☐ Frontal and sagittal plane alignments marked on cast or check silicone
- ☐ Shoe or insole profile provided
- ☐ Cast of both affected and sounds side (or 3D STL file)
- ☐ Trim lines marked on cast or on form
- ☐ Measurements
- ☐ Colour match
- ☐ Photographs