

NIMCO ORDER FORM

Date: _____ Patient Name: _____ Gender: F / M

Clinic Name/ Clinician Taking Measurements: _____

Essential Items To Include in your Custom Shoe Package:

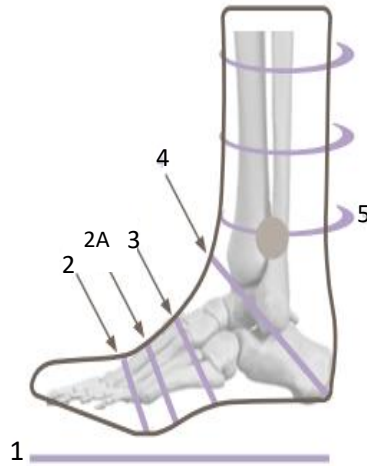
- | | |
|--|---|
| <input type="checkbox"/> Photo of Bilateral Pedigraph (with measurement) | <input type="checkbox"/> All Measurements Needed Listed Below |
| <input type="checkbox"/> Bilateral Nimco App Non-Weightbearing Scans | <input type="checkbox"/> Bilateral Weight Bearing Photos |
| <input type="checkbox"/> Bilateral Nimco App Weightbearing Foot/Leg Scans | <input type="checkbox"/> Orthotic Order Information |

LEFT

1. _____ cm
2. _____ cm
- 2A. _____ cm
3. _____ cm
4. _____ cm
5. _____ cm
6. _____ cm
7. _____ cm
8. _____ cm
9. _____ cm
10. _____ cm
11. _____ cm
12. _____ cm
13. _____ cm
14. _____ cm
15. _____ cm

RIGHT

1. _____ cm
2. _____ cm
- 2A. _____ cm
3. _____ cm
4. _____ cm
5. _____ cm
6. _____ cm
7. _____ cm
8. _____ cm
9. _____ cm
10. _____ cm
11. _____ cm
12. _____ cm
13. _____ cm
14. _____ cm
15. _____ cm



1. Foot Length/Last Length (from Pedigraph)
2. Met. Joint Circumference
- 2A. Waist Circumference
3. Cone Circumference
4. Instep Circumference
5. Ankle Circumference
6. Met. Width (from Pedigraph)
7. 12cm From Ground
8. 14cm From Ground
9. 16cm From Ground
10. 18cm From Ground
11. 20cm From Ground
12. 22cm From Ground
13. 24cm From Ground
14. 26cm From Ground
15. ____ cm From Ground

Footwear Style Name: _____

Reference Number & Color: _____

Additions of Changes to Base Style	Left	Right
Footwear Height change from standard	mm	mm
Rocker Sole (heel/ball/toe thickness)	mm/ mm/ mm	mm/ mm/ mm
Medial Zipper Along Lace Closure	<input type="checkbox"/>	<input type="checkbox"/>
Lateral Zipper Along Lace Closure	<input type="checkbox"/>	<input type="checkbox"/>
Medial Zipper Down Quarter	<input type="checkbox"/>	<input type="checkbox"/>
Medial Zipper Down Quarter	<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes: