

# BEA STEP SENSE PRESCRIPTION FORM

The original Schein Shell



Customer \_\_\_\_\_ Account # \_\_\_\_\_

Email \_\_\_\_\_ Tel \_\_\_\_\_

Patient Name \_\_\_\_\_ Shoe Size (35 -48) \_\_\_\_\_

**Sense Insole 1 / 2 additions - Please complete draft of feet overleaf**

	Pairs		Pairs
Sense Insole incl. 1 addition	<input type="checkbox"/>	Sense Insole incl. 2 addition	<input type="checkbox"/>
Sense Plateau incl. 1 addition	<input type="checkbox"/>	Sense Plateau incl. 2 addition	<input type="checkbox"/>
Sense Heel Pain incl. 1 addition	<input type="checkbox"/>	Sense Heel Pain incl. 2 addition	<input type="checkbox"/>
Sense Hallux Rigidus incl. 1 addition	<input type="checkbox"/>	Sense Hallux Rigidus incl. 2 addition	<input type="checkbox"/>

**Sense Insole moulded to cast from foam box**

	Pairs
Sense Insole incl. 2 addition	<input type="checkbox"/>
Sense Platinum incl. 2 addition	<input type="checkbox"/>
Sense Heel Pain incl. 2 addition	<input type="checkbox"/>
Sense Hallux Rigidus incl. 2 addition	<input type="checkbox"/>

**Please tick the relevant box for additions  
Incl. in Sense 1 / 2 & cast from foam box**

	L	R		L	R
Kirby Skive	<input type="checkbox"/>	<input type="checkbox"/>	Met Bar	<input type="checkbox"/>	<input type="checkbox"/>
Kinetic Wedge	<input type="checkbox"/>	<input type="checkbox"/>	Met Dome	<input type="checkbox"/>	<input type="checkbox"/>
Heel Pad	<input type="checkbox"/>	<input type="checkbox"/>	Med Pad	<input type="checkbox"/>	<input type="checkbox"/>
Valgus Pad	<input type="checkbox"/>	<input type="checkbox"/>			

## Foot Posting

<b>Forefoot</b>		L	R
Medial (Please state degree) _____°		<input type="checkbox"/>	<input type="checkbox"/>
Lateral (Please state degree) _____°		<input type="checkbox"/>	<input type="checkbox"/>
<b>Rearfoot</b>		L	R
Medial (Please state degree) _____°		<input type="checkbox"/>	<input type="checkbox"/>
Lateral (Please state degree) _____°		<input type="checkbox"/>	<input type="checkbox"/>

## Heel Raise

	L	R
Please state in mm _____ mm	<input type="checkbox"/>	<input type="checkbox"/>

**Please add any comments - Have you specified ¾ length, Full or Sulcus?**

## Length

¾  Full  Sulcus

## Cut out

	L	R
First Ray	<input type="checkbox"/>	<input type="checkbox"/>
First Met	<input type="checkbox"/>	<input type="checkbox"/>

## Available top covers Incl. in Sense 1 & 2

		L	R		L	R	
<b>Techno Vinyl</b>	Black	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Perforated Microfiber</b>	Black	<input type="checkbox"/>	<input type="checkbox"/>				
	Beige	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Poron</b>	Grey	1.5mm	<input type="checkbox"/>	<input type="checkbox"/>	3mm	<input type="checkbox"/>	<input type="checkbox"/>
	Pink Diabetic	1.5mm	<input type="checkbox"/>	<input type="checkbox"/>	3mm	<input type="checkbox"/>	<input type="checkbox"/>
	Green	1.5mm	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Spenco / Neolon</b>		1.5mm	<input type="checkbox"/>	<input type="checkbox"/>	3mm	<input type="checkbox"/>	<input type="checkbox"/>
<b>Maroon X2</b>					3mm	<input type="checkbox"/>	<input type="checkbox"/>
<b>EVA</b>	Black Marble	1.5mm	<input type="checkbox"/>	<input type="checkbox"/>	3mm	<input type="checkbox"/>	<input type="checkbox"/>

## Available as 3mm mid layer

		L	R		L	R
<b>Poron</b>	Grey	<input type="checkbox"/>	<input type="checkbox"/>	Pink Diabetic	<input type="checkbox"/>	<input type="checkbox"/>
<b>Maroon X2</b>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>EVA</b>	Black	<input type="checkbox"/>	<input type="checkbox"/>			

# Beagle<sup>®</sup>

ORTHOPAEDIC

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