

# CUSTOM ORTHOTIC / SHOE MODIFICATION ORDER FORM

2239 Tyler Ave, S El Monte, CA 91733 Tel: (888)937-2747 Fax (888)990-2245

**P.O. No.:** \_\_\_\_\_

**Bill To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Ship Via:**  UPS 1 day / 2 day / 3 day / Ground

**Patient Name:** \_\_\_\_\_

**Sex:**  Male  Female

**Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Ship To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

US MAIL  FEDEX 1 day / 2 day / Ground

**ORDER WITH SHOES**  Yes  No

**Shoe Style (see catalog):** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Shoe Size: Left:** \_\_\_\_\_ **Right:** \_\_\_\_\_

## CUSTOM ORTHOTIC ORDER SECTION

### DIAGNOSIS

Diabetes	<input type="checkbox"/>		L	R	
Neuropathy	<input type="checkbox"/>	Hammer toes	<input type="checkbox"/>	<input type="checkbox"/>	
	L	R	Overlapped toes	<input type="checkbox"/>	<input type="checkbox"/>
Callus	<input type="checkbox"/>	<input type="checkbox"/>	Amputated toes	<input type="checkbox"/>	<input type="checkbox"/>
Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Metatarsalgia	<input type="checkbox"/>	<input type="checkbox"/>
Heel spur	<input type="checkbox"/>	<input type="checkbox"/>	Plantar fasciitis	<input type="checkbox"/>	<input type="checkbox"/>
Charcot	<input type="checkbox"/>	<input type="checkbox"/>	Toe pain	<input type="checkbox"/>	<input type="checkbox"/>



Right



Left

Mark problem areas: O - ulcers  
X - calluses/pain points

### INSERT SPECIFICATIONS

**Qty:** \_\_\_\_\_ (L) \_\_\_\_\_ (R)

**Material:** \_\_\_\_\_

**Choices:** Plastizote Spenco Leather  
PPT EVA Crepe Cork

**Or tri-lam:**  Plastizote + PPT + EVA

**Base density:**  Soft  Medium  Hard

**Heel cup:**  Flat  Medium  Deep

**Medial flange:**  L  R

**Lateral flange:**  L  R

**Arch pad:**  L  R

**Met Pad:**  L  R

**Toe fillers:** (L)  1  2  3  4  5

(R)  1  2  3  4  5

**Off-load marked areas:**  L  R

## SHOE MODIFICATION ORDER SECTION

	L	R		L	R	LEFT	RIGHT
Fore foot rocker	<input type="checkbox"/>	<input type="checkbox"/>	Heavy duty sole	<input type="checkbox"/>	<input type="checkbox"/>	Medial flare: _____"	_____"
Mild rocker	<input type="checkbox"/>	<input type="checkbox"/>	3/4 length steel shank	<input type="checkbox"/>	<input type="checkbox"/>	Lateral flare: _____"	_____"
Heel-to-toe rocker	<input type="checkbox"/>	<input type="checkbox"/>	Full length steel shank	<input type="checkbox"/>	<input type="checkbox"/>	Medial wedge: _____"	_____"
Sever rocker	<input type="checkbox"/>	<input type="checkbox"/>	Bevel heel	<input type="checkbox"/>	<input type="checkbox"/>	Lateral wedge: _____"	_____"
Double rocker	<input type="checkbox"/>	<input type="checkbox"/>	SACH heel	<input type="checkbox"/>	<input type="checkbox"/>	Heel lift: _____"	_____"
Rocker bar	<input type="checkbox"/>	<input type="checkbox"/>	Composite toe box	<input type="checkbox"/>	<input type="checkbox"/>	Heel-to-toe lift: _____"	_____"
LOP rocker	<input type="checkbox"/>	<input type="checkbox"/>	Reinforce heel counter	<input type="checkbox"/>	<input type="checkbox"/>		

### NOTES: