CUSTOM ORTHOTIC / SHOE MODIFICATION ORDER FORM

APIS FOOTWEAR

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

P.O. No.: _____ **Contact:** _____

Bill To: _____ **Ship To:** _____

Address: _____ Address: _____

City: _____ State: ___ Zip: _____ City: _____ State: ___ Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Ship Via: ☐ UPS ☐ 1 day ☐ 2 day ☐ 3 day ☐ Ground ☐ US MAIL ☐ FEDEX ☐ 1 day ☐ 2 day ☐ Ground

Patient Name: _____ **ORDER WITH SHOES** ☐ Yes ☐ No

Sex: ☐ Male ☐ Female Shoe Style (see catalog): _____ Color: _____

Weight: _____ **Height:** _____ Shoe Size: Left: _____ Right: _____

CUSTOM ORTHOTIC ORDER SECTION

DIAGNOSIS

	L	R
Diabetes	☐	
Neuropathy	☐	
Callus	☐	☐
Ulcers	☐	☐
Heel spur	☐	☐
Charcot	☐	☐

	L	R
Hammer toes	☐	☐
Overlapped toes	☐	☐
Amputated toes	☐	☐
Metatarsalgia	☐	☐
Plantar fascitis	☐	☐
Toe pain	☐	☐

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
Fore foot rocker	☐	☐
Mild rocker	☐	☐
Heel-to-toe rocker	☐	☐
Sever rocker	☐	☐
Double rocker	☐	☐
Rocker bar	☐	☐
LOP rocker	☐	☐

	L	R
Heavy duty sole	☐	☐
3/4 length steel shank	☐	☐
Full length steel shank	☐	☐
Bevel heel	☐	☐
SACH heel	☐	☐
Composite toe box	☐	☐
Reinforce heel counter	☐	☐

	LEFT	RIGHT
Medial flare:	_____"	_____"
Lateral flare:	_____"	_____"
Medial wedge:	_____"	_____"
Lateral wedge:	_____"	_____"
Heel lift:	_____"	_____"
Heel-to-toe lift:	_____"	_____"

NOTES:

This form can be downloaded from http://www.apisfootwear.com/pdf/custom-orthotic-order-form.pdf