

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: _____

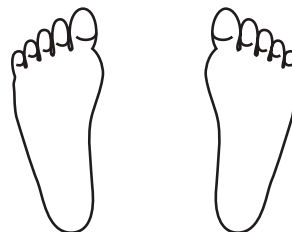
Weight: _____ Height: _____

Shoe Size: Left: _____ Right: _____

CUSTOM ORTHOTIC ORDER SECTION

DIAGNOSIS

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