

# CUSTOM-MOLDED SHOE ORDER FORM

Apis Footwear  
2239 Tyler Ave.

South El Monte, CA 91733

Tel: (888) 937-2747 Fax: (888) 990-2245 Email: Orders@ApisFootwear.com

Apis Footwear Company East  
13026 Forest Centre Court

Louisville, KY 40223

**Fill form out completely, and include a weight bearing tracing in order to guarantee fit**

Purchase Order No. \_\_\_\_\_

Practitioner \_\_\_\_\_

Account No. \_\_\_\_\_

Bill to \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



Ship Via:  Ground  Next Day  2<sup>nd</sup> Day  3<sup>rd</sup> Day

Ship To \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**Sex:**  Male  Female

**Weight** \_\_\_\_\_ **Height** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Diagnosis** (Please check the box that applies)

- |   |  |                            |                            |
|---|--|----------------------------|----------------------------|
| Diabetes <input type="checkbox"/>                               | Charcot <input type="checkbox"/>           | L <input type="checkbox"/> | R <input type="checkbox"/> |
| Neuropathy <input type="checkbox"/>                             | Hammer Toes <input type="checkbox"/>       | L <input type="checkbox"/> | R <input type="checkbox"/> |
| Callus L <input type="checkbox"/> R <input type="checkbox"/>    | Overlapped Toes <input type="checkbox"/>   | L <input type="checkbox"/> | R <input type="checkbox"/> |
| Ulcers L <input type="checkbox"/> R <input type="checkbox"/>    | Amputated Toes <input type="checkbox"/>    | L <input type="checkbox"/> | R <input type="checkbox"/> |
| Heel Spur L <input type="checkbox"/> R <input type="checkbox"/> | Metatarsalgia <input type="checkbox"/>     | L <input type="checkbox"/> | R <input type="checkbox"/> |
| Toe Pain L <input type="checkbox"/> R <input type="checkbox"/>  | Plantar Fasciitis <input type="checkbox"/> | L <input type="checkbox"/> | R <input type="checkbox"/> |

**Foot Measurement**

Foot Length: L \_\_\_\_\_ R \_\_\_\_\_

Ball Width: L \_\_\_\_\_ R \_\_\_\_\_

Toe Height: L \_\_\_\_\_ R \_\_\_\_\_

**Circumferences**

Ball: L \_\_\_\_\_ R \_\_\_\_\_

Instep: L \_\_\_\_\_ R \_\_\_\_\_

Heel: L \_\_\_\_\_ R \_\_\_\_\_

Ankle: L \_\_\_\_\_ R \_\_\_\_\_

(Standard elongation of 5/8" is added if no specific length is given)

Toe Elongation: L \_\_\_\_\_ R \_\_\_\_\_

High Toe Box (1/4")  or L \_\_\_\_\_ R \_\_\_\_\_

Match Shoe to Length: L \_\_\_\_\_ R \_\_\_\_\_

Short Shoe: L \_\_\_\_\_ R \_\_\_\_\_

Shoe/Boot Height (Including outsole) L \_\_\_\_\_ R \_\_\_\_\_

**Custom Accommodative Inserts Specifications**

Quantity: L \_\_\_\_\_ R \_\_\_\_\_ (comes with one pa)

Material:  Tri-lam (Plastazote® + PPT + EVA)

Optional Top Covers:  Spenco  Leather

Optional Bases:  EVA Cork  Cork

Base Density:  Soft  Medium  Hard

Heel Cup:  Flat  Medium  Deep

Medial Flange: L  R  Medial Post: L  R

Lateral Flange: L  R  Lateral Post: L  R

Arch Pad: L  R  Met Pad: L  R

Toe Fillers: Left  1  2  3  4  5

Right  1  2  3  4  5

Mark prominent areas for off-loading



Right  
Foot

Left  
Foot

**SHOE DESIGN**

**Shoe Style** (from catalogue): \_\_\_\_\_ **Color** \_\_\_\_\_

**Shoe Size & Width** (if not custom): L \_\_\_\_\_ R \_\_\_\_\_

**Closure:**  Laces  Velcro  
 Velcro D-Ring Pull Reverse Direction

**Opening:**  Regular  Semi-Surgical  Surgical

**Lining:**

Plastazote® Lined:  Full  Vamp Only  Heel Only

Leather Lined:  Full  Vamp Only  Heel Only

**Tongue:**  Standard  No Padding

**Collar:**  Standard  Extra Padding

No Padding  Elastic Foam Collar

**Soling:**  Standard  Heavy Duty

**External Sole Modification**

Forefoot Rocker  L  R

Mild Rocker  L  R

Heel-to-Toe Rocker  L  R

Severe Angle Rocker  L  R

Double Rocker  L  R

Rocker Bar  L  R

Negative Heel Rocker  L  R

LOP Rocker  L  R

3/4 Steel Shank  L  R

Full Length Steel Shank  L  R

Bevel Heel  L  R

SACH Heel  L  R

Snug Heel  L  R

Composite Toe Box  L  R

Reinforce Heel Counter  L  R

Detached Sole  L  R

Lateral Sole Flare L \_\_\_\_\_ R \_\_\_\_\_

Lateral Buttress L \_\_\_\_\_ R \_\_\_\_\_

Lateral Sole Wedge L \_\_\_\_\_ R \_\_\_\_\_

Medial Sole Flare L \_\_\_\_\_ R \_\_\_\_\_

Medial Buttress L \_\_\_\_\_ R \_\_\_\_\_

Medial Sole Wedge L \_\_\_\_\_ R \_\_\_\_\_

**Build-Ups (Lift)** (All buildups are placed on outsole unless noted)

Heel L \_\_\_\_\_ R \_\_\_\_\_

Ball L \_\_\_\_\_ R \_\_\_\_\_

Toe L \_\_\_\_\_ R \_\_\_\_\_

**Special Instructions:** (Please Print Clearly)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_