

APIS FOOTWEAR - CUSTOM SHOE ORDER FORM

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

P.O. No.: _____
Bill To: _____ Acct# _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Ship Via: UPS 1 day / 2 day / 3 day / Ground US MAIL FEDEX 1 day / 2 day / Ground

Contact: _____
Ship To: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Patient Name: _____
Sex: Male Female
Weight: _____ **Height:** _____

Shoe Style (see catalog): _____ **Color:** _____
Shoe Size (if not custom): (L) _____ (R): _____
Shoe Closure: Lace Velcro

DIAGNOSIS (diabetic, neuropathy, edema, ankle/toe rigidity, etc.)

RIGHT FOOT (inches) * Required

Foot length: _____ **Ball width:** _____

* Highest toe height: _____

* Circumferences: ball _____ instep _____
heel _____ ankle _____

* Heel Counter Height _____

*Include Outsole *Does not include outsole

* **Right Toe Elongation:** _____

(Note: Standard Elongation of 5/8 " is added if no specific length given on the P.O)

LEFT FOOT

* **Foot length:** _____ **Ball width:** _____

* Highest toe height: _____

* Circumferences: ball _____ instep _____
heel _____ ankle _____

* **Left Toe Elongation:** _____



SHOE MODIFICATIONS (rocker, wedge, flare, lift, velcro/lace, surgical-opening, etc.)

INSERT SPECIFICATIONS (quantity, material, etc.)



Mark prominent areas for off-loading

OTHER SPECIFICATIONS

