

# 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

**Foot length:** \_\_\_\_\_ **Ball width:** \_\_\_\_\_  
 Highest toe height: \_\_\_\_\_  
 Circumferences: ball \_\_\_\_\_ instep \_\_\_\_\_  
 heel \_\_\_\_\_ ankle \_\_\_\_\_



## LEFT FOOT

**Foot length:** \_\_\_\_\_ **Ball width:** \_\_\_\_\_  
 Highest toe height: \_\_\_\_\_  
 Circumferences: ball \_\_\_\_\_ instep \_\_\_\_\_  
 heel \_\_\_\_\_ ankle \_\_\_\_\_

**Toe elongation:** \_\_\_\_\_

**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

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