Apis Footwear Company
Custom Functional Orthotics Order Form
2239 Tyler Avenue, Unit B, South El Monte, CA 91733 Tel 1-888-937-2747 Fax 1-888-990-2245

<table>
<thead>
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<th>Modification Methods</th>
<th>Rear Foot Correction</th>
<th>Shell Selection</th>
<th>Posting</th>
<th>Padding &amp; Cover</th>
<th>Padding</th>
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<td>Modified Root (STD)</td>
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<td>Inverted</td>
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<td>Medical Skive _____mm</td>
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<td>Other ______________</td>
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| Shell Materials            |                      |                 |                             |                 |         |
| 4.5 mm Polupro             |                      |                 |                             |                 |         |
| 3 mm Polypro               |                      |                 |                             |                 |         |
| Carbon Fibre               |                      |                 |                             |                 |         |
| EVA - Soft                 |                      |                 |                             |                 |         |
| EVA - Medium               |                      |                 |                             |                 |         |
| EVA - Firm                 |                      |                 |                             |                 |         |
| Lab Discretion             |                      |                 |                             |                 |         |

| Cover Length               | Met Domes            | Cover Materials  |                       |                 |         |
| Shell                      | Small                | Vinyl (STD.)     |                  |                 |         |
| Web                        | Medium               | Leather          |                  |                 |         |
| Full                       | Large                | Neoprene         |                  |                 |         |
|                            | Extra Large          | Other ___________|                  |                 |         |

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<th>Notes</th>
<th>Mark Offload Area</th>
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For more information, visit our website at www.apisfootwear.com

Contact Information:
P.O. No. _______________
Bill To: ________________ Account # _______________
Address: _______________________________________
City: ___________ State: ___________ Zip: ___________
Ship Via: [ ] UPS [ ] FedEx [ ] ND [ ] 2D [ ] 3D [ ] SEL [ ] GRD [ ] US Mail

Patient Data:
Patient Name ___________ Gender [ ] Male [ ] Female
Weight _____________ Height _____________
Shoe Style (Refer To Catalog): ____________ Color _____________
Shoe Size (Non-custom only): L _______ R__________

Extra Talo-Navic Control
Extra Mid Arch Control
Extra Heel Expansion
Plantar Fascia Groove
Extra Plaster First Ray
Cuboid Notch S M L

Morton’s Ext. L: __mm R: ___mm
Apertured S M L
First Ray Cut Out
Low Bulk Grind Cobra
Meidal Flare
Medial Flange Lateral Flange

Rear Foot EVA posts
Heel Raise L: ___mm R: ___mm
No Heel Plate
EVA Arch Fill- Density____
Forefoot EVA Posts
-Left ___Degree Inv/Eversion
-Right ___Degree Inv/Eversion

Shell:
None
1.5 mm PPT
3.0mm PPT

Forefoot:

Shell:

Met Domes:

Small
Medium
Large
Extra Large
Others

Cover Materials:

Vinyl (STD.)
Leather
Neoprene
Other _____________

Padding:

Shell

Forefoot

Notes:
Mark Offload Area