

# 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

P.O No. \_\_\_\_\_  
 Bill To: \_\_\_\_\_ Account # \_\_\_\_\_  
 Address: \_\_\_\_\_

Contact: \_\_\_\_\_  
 Ship To: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City : \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Ship Via :  UPS  FedEx |  ND  2D  3D SEL  GRD |  US Mail

Patient Name \_\_\_\_\_ Gender  Male  Female Weight \_\_\_\_\_ Height \_\_\_\_\_

Shoe Style (Refer To Catalog) : \_\_\_\_\_ Color \_\_\_\_\_ Shoe Size (Non-custom only) L \_\_\_\_\_ R \_\_\_\_\_

## CAST MODIFICATION CHART

<p><b>Modification Methods</b></p> <p>Modified Root (STD)                  Inverted _____                  Medical Skive _____mm                  Other _____</p>	<p><b>Rear Foot Correction</b></p> <p>Left _____ Right _____                  Degree _____                  Inverted _____                  Everted _____</p>	<p><input type="checkbox"/> Extra Talo-Navic Control  <input type="checkbox"/> Extra Mid Arch Control  <input type="checkbox"/> Extra Heel Expansion  <input type="checkbox"/> Plantar Fascia Groove  <input type="checkbox"/> Extra Plaster First Ray  <input type="checkbox"/> Cuboid Notch S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/></p>
<p><b>Shell Materials</b></p> <p><input type="checkbox"/> 4.5 mm Polupro  <input type="checkbox"/> 3 mm Polypro  <input type="checkbox"/> Carbon Fibre  <input type="checkbox"/> EVA - Soft  <input type="checkbox"/> EVA - Medium  <input type="checkbox"/> EVA - Firm  <input type="checkbox"/> Lab Discretion</p>	<p><b>Shell Selection</b></p> <p><input type="checkbox"/> Morton's Ext. L: ___mm R: ___mm  <input type="checkbox"/> Apertured S M L  <input type="checkbox"/> First Ray Cut Out  <input type="checkbox"/> Low Bulk Grind Cobra  <input type="checkbox"/> Meidal Flare  <input type="checkbox"/> Medial Flange Lateral Flange</p>	<p><b>Posting</b></p> <p><input type="checkbox"/> Rear Foot EVA posts  <input type="checkbox"/> Heel Raise L : ___mm R: ___mm  <input type="checkbox"/> No Heel Plate  <input type="checkbox"/> EVA Arch Fill- Density____  <input type="checkbox"/> Forefoot EVA Posts                  -Left ___Degree Inv/Eversion                  -Right ___Degree Inv/Eversion</p>
<p><b>Cover Length</b>      <b>Met Domes</b></p> <p><input type="checkbox"/> Shell      <input type="checkbox"/> Small  <input type="checkbox"/> Web      <input type="checkbox"/> Medium  <input type="checkbox"/> Full      <input type="checkbox"/> Large                           <input type="checkbox"/> Extra Large                           <input type="checkbox"/> Others _____</p>	<p><b>Padding &amp; Cover</b></p> <p><b>Cover Materials</b></p> <p><input type="checkbox"/> Vinyl (STD.)  <input type="checkbox"/> Leather  <input type="checkbox"/> Neoprene  <input type="checkbox"/> Other _____</p>	<p><b>Padding</b></p> <p><b>Shell</b>                      <b>Forefoot</b></p> <p><input type="checkbox"/> None      <input type="checkbox"/>  <input type="checkbox"/> 1.5 mm PPT      <input type="checkbox"/>  <input type="checkbox"/> 3.0mm PPT      <input type="checkbox"/></p>

**Notes :**

Mark Offload Area

