

# CUSTOM-MOLDED SHOE ORDER FORM

Apis Footwear  
2239 Tyler Ave.

South El Monte, CA 91733

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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 INFORMATION

Name: \_\_\_\_\_

Sex:  Male  Female

Weight \_\_\_\_\_ Height \_\_\_\_\_

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

Diabetes  Amputated Toes L  R

Neuropathy  Hammer Toes L  R

## FOOT MEASUREMENT

Foot Measurement	Circumferences
Foot Length: L _____ R _____	Ball: L _____ R _____
Ball Width: L _____ R _____	Instep: L _____ R _____
Toe Height: 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 \_\_\_\_\_  
 Extra Toe Box Height: L \_\_\_\_\_ R \_\_\_\_\_ or (1/4")   
 Shoe/Boot Height (not including outsole): L \_\_\_\_\_ R \_\_\_\_\_  
 Match Shoe to Length:

## CUSTOM INSERTS SPECIFICATIONS

Quantity: L \_\_\_\_\_ R \_\_\_\_\_  
 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 \_\_\_\_\_  
 Met Pad: L  R  Arch Pad: L  R

Toe Fillers: Left  1  2  3  4  5  
 Right  1  2  3  4  5



Mark prominent areas for off-loading

## SHOE DESIGN

Shoe Style (from catalog): \_\_\_\_\_ Color \_\_\_\_\_

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

Closure:  Laces  D Ring Hook & Loop

Reverse D-ring Hook & Loop: L  R

Opening:  Regular  Semi-Surgical  Surgical

Lining:  Soft Cloth  Plastazote®

Mesh  Leather

Tongue:  No Padding  Extra Padding

Collar:  No Padding  Extra Padding  Lycra

Soling:  Light Weight  Rigid  Heavy Duty

## EXTERNAL SOLE MODIFICATION

- |                         |                            |                            |
|-------------------------|----------------------------|----------------------------|
| Forefoot Rocker         | <input type="checkbox"/> L | <input type="checkbox"/> R |
| Mild Rocker             | <input type="checkbox"/> L | <input type="checkbox"/> R |
| Heel-to-Toe Rocker      | <input type="checkbox"/> L | <input type="checkbox"/> R |
| Severe Angle Rocker     | <input type="checkbox"/> L | <input type="checkbox"/> R |
| Double Rocker           | <input type="checkbox"/> L | <input type="checkbox"/> R |
| Rocker Bar              | <input type="checkbox"/> L | <input type="checkbox"/> R |
| Negative Heel Rocker    | <input type="checkbox"/> L | <input type="checkbox"/> R |
| LOP Rocker              | <input type="checkbox"/> L | <input type="checkbox"/> R |
| 3/4 Steel Shank         | <input type="checkbox"/> L | <input type="checkbox"/> R |
| Full Length Steel Shank | <input type="checkbox"/> L | <input type="checkbox"/> R |
| Bevel Heel              | <input type="checkbox"/> L | <input type="checkbox"/> R |
| SACH Heel               | <input type="checkbox"/> L | <input type="checkbox"/> R |
| Snug Heel               | <input type="checkbox"/> L | <input type="checkbox"/> R |
| Composite Toe Box       | <input type="checkbox"/> L | <input type="checkbox"/> R |
| Reinforce Heel Counter  | <input type="checkbox"/> L | <input type="checkbox"/> R |
| Detached Sole           | <input type="checkbox"/> L | <input type="checkbox"/> 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)** (Buildups are placed on outsole unless box is checked)

Heel L \_\_\_\_\_ R \_\_\_\_\_  Lift inside shoe  
 Ball L \_\_\_\_\_ R \_\_\_\_\_  
 Toe L \_\_\_\_\_ R \_\_\_\_\_

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