

CUSTOM-MOLDED SHOE ORDER FORM

Apis Footwear
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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 2nd 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
Charcot L R Ulcer L R

FOOT MEASUREMENT & CASTING INSTRUCTION

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

Total Quantity: Bilateral _____ or L _____ R _____
Material: Tri-lam (Plastazote® + PPT + EVA)
Optional Top Covers: Spenco Leather
Optional Bases: Thermocork (EVA cork) Cork
Base Density: Soft Medium Hard
Heel Cup: Flat Medium Deep
Met Pad: B/L L R Medial Flange: B/L L R
Met Bar: B/L L R Lateral Flange: B/L L R
Arch Pad: B/L L R Medial Post: L _____ R _____
Lateral Post: L _____ R _____
Toe Fillers: Left 1 2 3 4 5 TMA
Right 1 2 3 4 5 TMA

Mark prominent areas for off-loading



SHOE DESIGN

Shoe Style (from catalogue): _____ Color _____
Shoe Size & Width (if not custom): L _____ R _____
Closure: Laces Velcro
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 Heavy Duty Rigid

If form is incomplete, shoe(s) design will be made according to the shoe style if option not specify

EXTERNAL SOLE MODIFICATION

Forefoot Rocker	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L	<input type="checkbox"/> R
Mild Rocker	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L	<input type="checkbox"/> R
Heel-to-Toe Rocker	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L	<input type="checkbox"/> R
Severe Angle Rocker	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L	<input type="checkbox"/> R
Double Rocker	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L	<input type="checkbox"/> R
Rocker Bar	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L	<input type="checkbox"/> R
Negative Heel Rocker	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L	<input type="checkbox"/> R
LOP Rocker	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L	<input type="checkbox"/> R
3/4 Steel Shank	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L	<input type="checkbox"/> R
Full Length Steel Shank	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L	<input type="checkbox"/> R
Bevel Heel	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L	<input type="checkbox"/> R
SACH Heel	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L	<input type="checkbox"/> R
Snug Heel	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L	<input type="checkbox"/> R
Composite Toe Box	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L	<input type="checkbox"/> R
Reinforce Heel Counter	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L	<input type="checkbox"/> R
Detached Sole	<input type="checkbox"/> Bilateral	<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 check)

Heel L _____ R _____ Lift inside shoe
Ball L _____ R _____
Toe L _____ R _____

Special Instructions: (Please Print Clearly)

