#### Custom Orthotics Order Form

**PLEASE NOTE: CUSTOM INSERTS ARE NON-REFUNDABLE.**

**This Form Must Be Sent to Orthofeet with the Corresponding Impression Foam Box: ATTENTION: CUSTOMS DEPARTMENT**

**ACCOUNT NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PURCHASE ORDER NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX: \_\_\_\_\_\_\_\_\_\_\_\_EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**SHIP TO:**

**ADDRESS:**

**CITY/STATE/ZIP:**

**PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GENDER (PLEASE CIRCLE) MALE/FEMALE**

**SHOE STYLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COLOR: \_\_\_\_\_\_\_\_\_\_\_\_SIZE:\_\_\_\_\_\_\_\_WIDTH: \_\_\_\_\_\_\_\_**

**FUNCTIONAL CUSTOM ORTHOTICS (L3020)**

**PLEASE INDICATE # OF PAIRS: 1 2 3**

|  |  |
| --- | --- |
| **BASE MATERIALS (L3020 only): Please Check All That Apply:**  **\_\_\_\_\_\_\_\_Co-Poly Length:**  **\_\_\_\_\_\_\_\_EVA**  **\_\_\_\_\_\_\_\_Puff Full\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_Polypropylene**  **\_\_\_\_\_\_\_\_Pelite Sulcus\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_Cork**  **\_\_\_\_\_\_\_\_UCBL\* Met ¾ \_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_Carbon Plating\***  **\*(Additional Charges Will Apply)\*** | **ORTHOTIC COVERS:**  **\_\_\_\_\_\_P-Cell**  **\_\_\_\_\_\_Tri-Lam**  **\_\_\_\_\_\_Vinyl**  **\_\_\_\_\_\_Leather**  **\_\_\_\_\_\_Spenco**  **\_\_EVA (multicolored) \_\_\_\_\_1/8” \_\_\_\_\_\_ 1/16”**  **\_\_EVA (solid colored)\_\_\_\_\_1/8” \_\_\_\_\_\_ 1/16”**  **\_\_\_\_\_\_Plastazote \_\_\_\_\_\_ 1/8” \_\_\_\_\_\_\_\_3/16**”  **HEEL POSTINGS please circle: YES NO**  **OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**CUSTOM DIABETIC ORTHOTICS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Custom Orthotics**  **(A5514)**  **PLEASE CIRCLE # OF PAIRS**  **1 2 3**  **BY DEFAULT 3 PAIRS WILL BE FABRICATED PER MEDICARE GUIDELINES** | **Single Custom Orthotics**  **(A5514)**  **PLEASE INDICATE QUANTITY BELOW**  **RIGHT: 1 2 3**  **LEFT: 1 2 3** | **Orthotic with Toe Filler**  **(L5000)**  **PLEASE INDICATE # OF FILLERS**  **RIGHT: 1 2 3**  **LEFT: 1 2 3**  **BY DEFAULT 1 INSERT WILL BE FABRICATED PER MEDICARE GUIDELINES** | **FOAM IMPRESSION BOXES**  **(CASE OF 10)**  **PLEASE INDICATE NO. OF CASES**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**\*PLEASE MARK BELOW YOUR SPECIFIC REQUESTS FOR** **ACCOMODATIONS\***

**METATARSAL PADS □ RIGHT □ LEFT**

**MET CUT OUTS: (CIRCLE BELOW)**

**DANCERS PAD □ RIGHT □ LEFT Right: 1st 2nd 3rd 4th 5th**

**MORTON’S EXTENSION □ RIGHT □ LEFT Left: 1st 2nd 3rd 4th 5th**

**CREST PADS □ RIGHT □ LEFT *Please Mark Accommodations Below***

**HEEL LIFTS (INCHES) \_\_\_\_RIGHT \_\_\_\_LEFT**



**RIGHT LEFT**

**COMMENTS/ADDITIONAL REQUESTS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRACKING NUMBER-PLEASE KEEP A COPY FOR YOUR RECORDS:**

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| **Office Use Only** |

**Please do NOT fax this form!**

**This form must be sent to Orthofeet Inc. with corresponding impression foam box. Please call 1-800-524-2845 Ext. 107 for any questions or comments.**

**Thank you for Your Business!**