#### 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**

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| --- | --- | --- | --- |
| **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!**