CUSTOM ORTHOTIC ORDER FORM

Apis Footwear
2239 Tyler Ave Suite B
South El Monte, CA 91733
(888) 937-2747

Account No.:_____ **Date:**_____
Purchase Order #: _____
Business Name: _____
Ordered By:_____
Email:_____
Phone:_____

BILL TO:
OrtoPed ULC
373 McCaffrey • Saint-Laurent, QC H4T 1Z7

Shipping Service: ☐ Ground ☐Next Day ☐2nd Day
Ship to Address:
_____
_____
_____
City _____ **State** _____ **Zip**_____

Patient Name (ID): _____
Gender: ☐Male ☐ Female
Weight: _____ Height: _____

Order together with Mt. Emey shoes: ☐ Yes ☐ No
Shoe Style (model #): _____ Color:_____
Size & Width: Bilateral_____ Left_____ Right_____

CUSTOM ORTHOTIC TYPE & QUANTITY

A5513 Qty: Both___ *or* L___ R___

A5514 Qty: Both___ *or* L___ R___

TOE FILLER Qty: Both___ *or* L___ R___

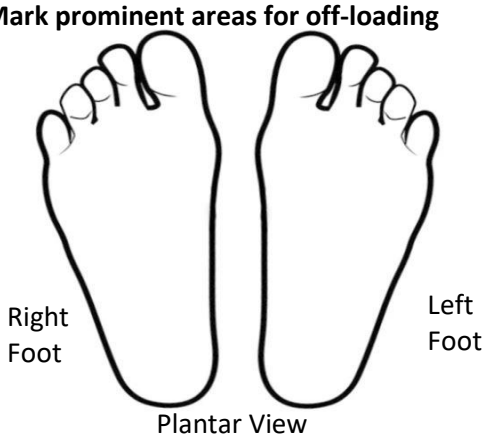
FUNCTIONAL Qty: Both___ *or* L___ R___

ACCOMMODATIONS *(All Orthotic Types)*

Met Pad:	☐Left	☐Right	☐ Bilateral
Met Bar:	☐Left	☐Right	☐ Bilateral
Arch Pad:	☐Left	☐Right	☐ Bilateral
Medial Flange:	☐Left	☐Right	☐ Bilateral
Lateral Flange:	☐Left	☐Right	☐ Bilateral

Medial Post: Left_____ Right_____
Lateral Post: Left_____ Right_____
Off-Loading: ☐Left ☐Right ☐ Bilateral

Mark prominent areas for off-loading



Plantar View

TOE FILLER / TMA

Select missing digit(s) or TMA

Left:	☐1	☐2	☐3	☐4	☐5	☐TMA
Right:	☐1	☐2	☐3	☐4	☐5	☐TMA

MATERIAL SPECIFICATIONS *(A5514, A5513, L5000)*

Tri-laminate Inserts: ☐**Plastazote® + PPT + EVA**
Top Cover: ☐**Plastazote®** ☐Spenco ☐Leather
Optional Base: ☐**EVA** ☐Thermocork ☐Cork
Base Density: ☐Soft ☐**Medium** ☐Hard
Heel Cup: ☐Flat ☐**Medium** ☐Deep
(If left incomplete, lab standard is tri-lam with Plastazote® + PPT + EVA base, medium base density, and medium heel cup)

FUNCTIONAL ORTHOTICS

CASTING INSTRUCTIONS
☐L ☐R Don't Lower Lateral Arch
☐L ☐R Raise Lateral Arch
☐L ☐R Medial Heel Skive
☐L ☐R Plantar Fascial Groove

POSTING
☐ **Post to Lab Evaluation**
☐No Post, neutral shell

Rearfoot
Intrinsic: L_____ R:_____
Extrinsic: L_____ R:_____
Heel Lift: L_____ R:_____

Forefoot
Intrinsic: L_____ R:_____
Extrinsic: L_____ R:_____

Top Cover Material
☐**Vinyl** ☐Leather ☐Neoprene
☐PPT ☐Plastazote ☐EVA

Top Cover Length
☐Shell ☐Web ☐Full

SHELL MATERIAL
☐**3mm Polypro** ☐4.5mm Polypro
☐Carbon Fiber ☐EVA - Soft
☐EVA – Medium ☐EVA – Firm

SHELL MODIFICATIONS
☐L ☐R Deep heel Seat
☐L ☐R 1st Ray Cutout
☐L ☐R 5th Ray Cutout
☐L ☐R Widen Orthotic
☐L ☐R Narrow Orthotic
☐L ☐R Heel Punch
☐L ☐R Rigid Morton's
☐L ☐R Morton Extension

ACCOMMODATIONS
☐L ☐R Met Pad
☐L ☐R Met Bar
☐L ☐R Arch Pad
☐L ☐R Medial Flange
☐L ☐R Lateral Flange

(If left incomplete, lab standard is 3mm polypropylene shell, PPT, vinyl top cover, lower 1/16" lateral arch, post to lab evaluation

SPECIAL INSTRUCTIONS

_____
_____
_____
_____

*In compliance with Federal guideline, for any custom inserts reorders, please submit a new foam impression, casts, or foot scan.
*Custom products are not refundable but we will remake at no additional charge.