

APIS FOOTWEAR - CUSTOM SHOE ORDER FORM

2239 Tyler Ave, S El Monte, CA 91733 Tel: (888)937-2747 Fax (888)990-2245

P.O. No.: _____

Contact: _____

Bill To: _____

Ship To: _____

Address: _____

Address: _____

City: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Phone: _____ **Fax:** _____

Ship Via: ☐ UPS 1 day / 2 day / 3 day / Ground ☐ US MAIL ☐ FEDEX 1 day / 2 day / Ground

Patient Name: _____

Shoe Style (see catalog): _____ **Color:** _____

Sex: ☐ Male ☐ Female

Shoe Size (if not custom): (L) _____ (R): _____

Weight: _____ **Height:** _____

Shoe Closure: ☐ Lace ☐ Velcro

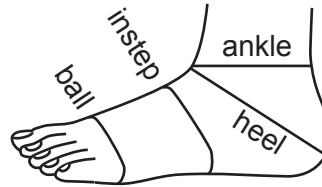
DIAGNOSIS (diabetic, neuropathy, edema, ankle/toe rigidity, etc.)

RIGHT FOOT

Foot length: _____ **Ball width:** _____

Highest toe height: _____

Circumferences: ball _____ instep _____
heel _____ ankle _____



Toe elongation: _____

LEFT FOOT

Foot length: _____ **Ball width:** _____

Highest toe height: _____

Circumferences: ball _____ instep _____
heel _____ ankle _____

Toe elongation: _____

SHOE MODIFICATIONS (rocker, wedge, flare, lift, velcro/lace, surgical-opening, etc.)

INSERT SPECIFICATIONS(quantity, material, etc.)



Mark prominent areas for off-loading

OTHER SPECIFICATIONS
