CUSTOM-MOLDED SHOE ORDER FORM

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

Tel: (888) 937-2747 Fax: (888) 990-2245 Email: Orders@ApisFootwear.com

Fill form out completely, and include a weight bearing tracing in order to guarantee fit

Purchase Order No. _____
Practitioner _____
Account No. _____
Bill to _____
Phone _____

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

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
Foot Length: L_____ R_____
Ball Width: L_____ R_____
Toe Height: L_____ R_____

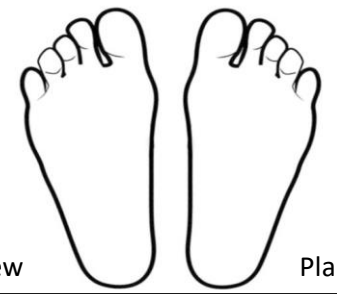
Circumferences
Ball: L_____ R_____
Instep: L_____ R_____
Heel: L_____ R_____
Ankle: L_____ R_____

(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	☐Bilateral	☐L	☐ R
Mild Rocker	☐Bilateral	☐L	☐ R
Heel-to-Toe Rocker	☐Bilateral	☐L	☐ R
Severe Angle Rocker	☐Bilateral	☐L	☐ R
Double Rocker	☐Bilateral	☐L	☐ R
Rocker Bar	☐Bilateral	☐L	☐ R
Negative Heel Rocker	☐Bilateral	☐L	☐ R
LOP Rocker	☐Bilateral	☐L	☐ R
3/4 Steel Shank	☐Bilateral	☐L	☐ R
Full Length Steel Shank	☐Bilateral	☐L	☐ R
Bevel Heel	☐Bilateral	☐L	☐ R
SACH Heel	☐Bilateral	☐L	☐ R
Snug Heel	☐Bilateral	☐L	☐ R
Composite Toe Box	☐Bilateral	☐L	☐ R
Reinforce Heel Counter	☐Bilateral	☐L	☐ R
Detached Sole	☐Bilateral	☐L	☐ 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_____
Ball L _____ R_____
Toe L _____ R_____
☐ Lift inside shoe

Special Instructions: *(Please Print Clearly)*
_____
_____
_____
_____
_____