



Patient Information

Date: _____

Vendor _____

Patient name _____

Clinician _____

Daily Activities _____

Tel _____ Fax _____

Age _____ Gender _____ Height _____ Weight _____

PO#: _____

New vendors please contact our office prior to shipping first order.

Note: To avoid delays in production, please complete fully. Incomplete order forms will imply we are to use our discretion in selecting appropriate features and finishing. The vendor is responsible for charges incurred to rectify errors due to incomplete information.



Diagnosis

Systemic conditions

- Diabetes
- Neuropathy
- Arthritis – Rheumatoid
- Arthritis – Osteo
- Gout
- Edema – Stabilized
- Edema – Fluctuating

Mid/Hindfoot Conditions

- R L Charcot Marie Tooth (CMT)
- R L Equinus
- R L Pes Equino Varus
- R L Charcot Foot
- R L Pes Plano Valgus
- R L Partial Amputation MT-T
- R L Full Amputation MT-T

- R L Crush Injury
- R L Triple Arthrodesis
- R L Fixed Position of any Joint _____

Other Conditions

- R < > L Leg Length Discrepancy
- R L AFO (please cast over brace)
- R L Other Bracing _____

Forefoot Conditions

- R L Bunion/ Severe Hallux Valgus
- R L Taylor Bunionette
- R L Hallux Varus
- R L Metatarsalgia
- R L Fixed Hammer/Claw Toes
- R L Overlapping Toes
- R L Fixed Position of any Digit
- R L Amputation of any Digit(s)
- Digit(s) missing _____

Condition not listed _____



Casting & Measuring

- New Patient
- Repeat – no changes to last
- Repeat – changes to last/fit
- Trial Fitting (TF) Model

TF Required By: _____

Footwear Required By: _____

Information Sent

- Measurements with socks
- Podotracks/ tracings w/o socks
- STS sock w/o socks
- Plaster cast w/o socks
- BioFoam Box w/o socks
- Lasts Provided
- Photographs

Take measurements with socks (and braces if applicable) that the patient normally wears.

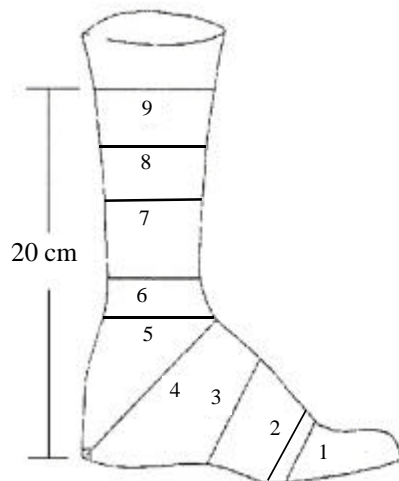
Weight Bearing

- Ambulating
- Transfers only
- Non weight bearing

It is important to receive all measurements for all types of footwear. The more information we receive, the more accurate the footwear will be.

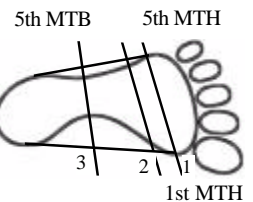
Right

1. _____ cm
2. _____ cm
3. _____ cm
4. _____ cm
5. _____ cm
6. _____ cm
7. _____ cm
8. _____ cm
9. _____ cm
10. _____ cm



Left

1. _____ cm
2. _____ cm
3. _____ cm
4. _____ cm
5. _____ cm
6. _____ cm
7. _____ cm
8. _____ cm
9. _____ cm
10. _____ cm



1. Ball
2. Waist
3. Span
4. Heel/ Instep
5. Ankle
6. 12 cm from ground
7. 15 cm from ground
8. 18 cm from ground
9. 20 cm from ground
10. At desired boot height (state the ht of msmt)

Footwear Styles

Mens Shoe Style

- 609 Loafer
- 619 Brogue
- 620 European
- 621 Derby
- 622 Casual
- 623 Downtown
- 624 Leisure
- 625 Executive

Ladies Shoe Style

- 206 Riverside
- 207 Canadian
- 208 Motion
- 209 Loafer
- 210 Manager
- 211 Stride
- 212 Oxford
- 213 Daily
- 214 Daily Perforated
- 215 Hush
- 216 Finn
- 217 Walker

Mens Boot Style

- 501 Country
- 502 Mid Cut
- 503 Work Boot
- 504 Hiker
- 505 Alpine
- 506 Trail

Ladies Boot Style

- 319 Dress
- 320 Sport
- 321 Fashion
- 322 Trek

Military Styles

- Work Boot
- Combat Boot
- Parade Boot
- Oxford Shoe

Boot Height

_____ cm (over 18 cm **)

Please cast and measure accordingly

All footwear comes with features indicated in catalogue unless otherwise stated.

Toe Boxes

Toe box Shape

- At our discretion
- Narrow
- Medium
- Standard
- Square
- Round

Toe Box Depth

- Regular
- Extra Depth

Toe Caps (internal)

- Regular
- Carbon Fibre (safety) **

Toe Protection (external)

- External Leather
- External Subortholen (rigid plastic)

Uppers

Colour

- Black – Smooth
- Black – Pebble
- Black – Oil Tan
- Brown – Dark
- Brown – Medium
- Brown – Pebble
- Brown – Oil Tan
- Taupe
- Beige
- White
- Burgundy
- Navy

Closure

- Eyelets _____
- D Rings eyelets _____
- Hooks _____
- Velcro – ring ** _____
- Velcro – flap** _____

Shoe Lining

- Regular Leather
- Sheepskin Liner **
- Thinsulate Liner **

Soling

Soling Materials

- At our discretion
- Vibram Component (default, oil resistant)
- Separate Heel
- Wedge

Grip

- Smooth
- Leather **
- Rubber Sole
- Standard
- Aggressive
- Golf **

Rocker Soles **

- R L Standard Forefoot
- R L Heel & Toe

Ht of Rocker (at heel/ball)

- Mild – 6mm
- Standard – 9mm
- Aggressive – 12mm

Elevations / Flares

Elevations – in cm **

- | | R | L | |
|--|-------|-------|----|
| <input type="radio"/> Full Foot | _____ | _____ | cm |
| <input type="radio"/> Two Part | _____ | _____ | cm |
| <input type="radio"/> Heel Only | _____ | _____ | cm |
| <input type="radio"/> Internal | | | |
| <input type="radio"/> External | | | |
| <input type="radio"/> Both – half/half | | | |

Flares & Sole Features

- R L Lateral Flare
- R L Medial Flare
- R L Neutral Stability
- R L Neutral
- R L Rolled Edge

Other

Ergonomics & Safety **

- R L Nail Plate
- R L Sole Stiffening
- Oil Resistant (Vibram) Sole
- Bellow Tongue
- Padded Tongue
- Pull Tabs

Ankle Supports **

- R L Semi Rigid
- R L Rigid
- R L Build In AFO

Partial Foot Inserts **

- R L Toe Filler
- R L Lisfranc
- R L Chopart
- R L Pirogrof / No tarsals

Orthotics

Removable Inserts

- At our discretion
- Semi Rigid – Rubber Cork
- Soft / Diabetic EVA
Not recommended for ind'l over 150 lbs
- No inserts

Insert Top sheeting

- At our discretion
- Leather & EVA (multiform)
- Plastizote
Not recommended for ind'l over 150 lbs

____ Additional sets of Orthotics **

NOTE: ** indicates there is an additional charge for this feature – please consult your price list

Attending

Clinician: _____

(Printed Name Required)