

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: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

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

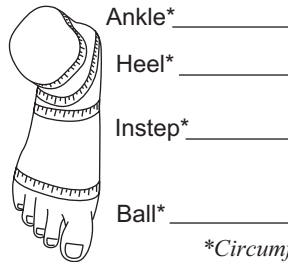
- | | | | | | | | | |
|-------------------------------------|---|---|---|---|--|---|--|---|
| Diabetes <input type="checkbox"/> | Ulcers <input type="checkbox"/> | L R <input type="checkbox"/> <input type="checkbox"/> | Bunion <input type="checkbox"/> | L R <input type="checkbox"/> <input type="checkbox"/> | Overlapped toes <input type="checkbox"/> | L R <input type="checkbox"/> <input type="checkbox"/> | Toe pain <input type="checkbox"/> | L R <input type="checkbox"/> <input type="checkbox"/> |
| Neuropathy <input type="checkbox"/> | Callus <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Bunionette <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Ankle Fusion <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Metatarsalgia <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | L R Charcot <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Amputated toes <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Metatarsal Fusion <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | AFO/KAFO <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Edema <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Heel spur <input type="checkbox"/> | Hammer toes <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Plantar fasciitis <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Prosthetic Foot <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

RIGHT FOOT

Ball width: _____

Foot length: _____

Highest toe height: _____



Ankle* _____

Heel* _____

Instep* _____

Ball* _____

LEFT FOOT

Ball width: _____

Foot length: _____

Highest toe height: _____



*Circumferences are optional.

Please attach weight-bearing foot tracings, and write down weight-bearing foot length and ball width.

MODIFICATIONS

- | | | | | | |
|---|---|--|---|---|---|
| Fore foot rocker <input type="checkbox"/> | L R <input type="checkbox"/> <input type="checkbox"/> | Heavy duty sole <input type="checkbox"/> | L R <input type="checkbox"/> <input type="checkbox"/> | Semi-surgical opening <input type="checkbox"/> | L R <input type="checkbox"/> <input type="checkbox"/> |
| Mild rocker <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Leave sole off <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Surgical opening <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Heel-to-toe rocker <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 3/4 length steel shank <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Reinforce heel counter <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Sever rocker <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Full length steel shank <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Snug heel <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Double rocker <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Bevel heel <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Plastizote lining <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Rocker bar <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | SACH heel <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Padded tongue <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| LOP rocker <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Composite toe box <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Padded collar <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

- | | | | | | |
|-----------------------------|---------|---------|--------------------|--------------------------|--------------------------|
| | LEFT | RIGHT | | LEFT | RIGHT |
| Extra toe box height: | _____ " | _____ " | Medial wedge: | _____ " | _____ " |
| Extra width: | _____ " | _____ " | Lateral wedge: | _____ " | _____ " |
| Medial flare: | _____ " | _____ " | Heel lift: | _____ " | _____ " |
| Lateral flare: | _____ " | _____ " | Heel-to-toe lift: | _____ " | _____ " |
| Toe elongation (reg. 5/8"): | _____ " | _____ " | Build lift inside: | <input type="checkbox"/> | <input type="checkbox"/> |

INSERT SPECIFICATIONS

Total Qty: _____ (L) _____ (R)

Tri-lam: Plastizote + PPT + EVA

Other: _____

(Choices: Plastizote, Spenco, Leather, PPT, EVA, Crepe, Cork)



Base density: Soft Medium Hard

Heel cup: Flat Medium Deep

Arch pad: L R

Met Pad: L R

Toe fillers: (L) 1 2 3 4 5

(R) 1 2 3 4 5

Off-load marked areas: L R

NOTES: