

# 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.:** \_\_\_\_\_  
**Bill To:** \_\_\_\_\_ Acct# \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**Ship Via:** £ UPS 1 day / 2 day / 3 day / Ground £ US MAIL £ FEDEX 1 day / 2 day / Ground

**Contact:** \_\_\_\_\_  
**Ship To:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Patient Name:** \_\_\_\_\_  
**Sex:** £ Male £ Female  
**Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Shoe Style** (see catalog): \_\_\_\_\_ **Color:** \_\_\_\_\_  
**Shoe Size** (if not custom): (L) \_\_\_\_\_ (R): \_\_\_\_\_  
**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 \_\_\_\_\_



## LEFT FOOT

**Foot length:** \_\_\_\_\_ **Ball width:** \_\_\_\_\_  
Highest toe height: \_\_\_\_\_  
Circumferences: ball \_\_\_\_\_ instep \_\_\_\_\_  
heel \_\_\_\_\_ ankle \_\_\_\_\_

**Toe elongation:** \_\_\_\_\_

**Toe elongation:** \_\_\_\_\_

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

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**INSERT SPECIFICATIONS**(quantity, material, etc.)

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Mark prominent areas for off-loading

## OTHER SPECIFICATIONS

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