



Custom Sandal Order Form

PRACTITIONER NAME: _____ PHONE NO.: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PATIENT NAME: _____ SEX: M/F AGE _____ WEIGHT _____ HEIGHT _____ SHOE SIZE _____

SPECIAL PROBLEMS: (NEUROMOTOR, STRUCTURAL, SURGICAL, DIABETIC, ARTHRITIC): _____

MATERIAL SELECTION E.V.A. SOFT FIRM
Cork SOFT FIRM

Account No.: _____

POSITIVE CAST PREPARATION

- Balance to perpendicular No forefoot correction Lower Longitudinal Arch Other _____
- Heel Skive _____ 5° _____ 10° _____ 15°

ANGLE OPTIONS

Forefoot Posting:

Left: _____ Extrinsic Intrinsic Varus/Valgus

Right: _____ Extrinsic Intrinsic Varus/Valgus

- Forefoot post standard length Forefoot post to Sulcus
- Forefoot wedge to Sulcus _____ L _____ R

Cant Orthotic Module:

Left: _____ Varus/Valgus

Right: _____ Varus/Valgus

TOP COVERS – standard material is Suede

- Cambron _____ 1/16" _____ 1/8"
- Leather
- Neolon
- Plastazote
- PolyFoam _____ 1/16" _____ 1/8"
- Superfoam

SOFT TISSUE SUPPLEMENT

- Covers:(over shell) Plastazote
- Poron _____ 1/16" _____ 1/8"
- Extensions: (distal to shell) Plastazote
- Poron _____ 1/16" _____ 1/8"

ORTHOTIC MODIFICATIONS

- First Ray Cut Out _____ L _____ R
- Met Pad _____ L _____ R
- Morton's Ext. _____ L _____ R
- Heel Spur Accommodation _____ L _____ R
- Heel Cushion _____ L _____ R
- Heel Lift _____ L _____ R

SANDAL MODIFICATIONS

- Sole Lift _____ L _____ R
- Rocker Sole (FF) _____ L _____ R
- Rocker Sole (RF) _____ L _____ R

SPECIAL REQUESTS

- Send shipping boxes large/small Send order form Return positive casts Please call for consultation

ADDITIONAL COMMENTS:

