



ORTHOPEDIC

6131-C Lake Worth Road

Greenacres, FL 33463

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FORM COMPLETED BY: _____

OFFICE INFORMATION

OFFICE NAME: _____

ADDRESS: _____

CITY: _____ STATE/ZIP: _____

PHONE: _____

FAX: _____

PATIENT INFORMATION

PATIENT NAME: _____ SEX: M F

PATIENT PHONE NUMBER: _____

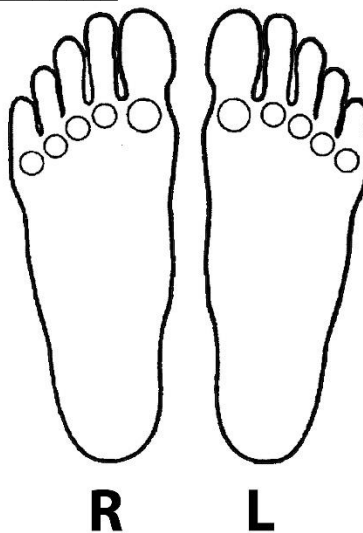
SHOE SIZE: _____ WIDTH: _____ VELCRO LACE

FIRST CHOICE: _____ COLOR: _____

SECOND CHOICE: _____ COLOR: _____

SPECIAL INSTRUCTIONS:

METATARSAL PAD (S):	___ R ___ L
ACCOMMODATE:	___ R ___ L
U-PAD*:	___ R ___ L
TOE-FILL:	SEE L5000
TRASMET PROTHESIS:	SEE L5000
3/8 INCH SHELL*:	___ R ___ L
*EXTRA CHARGES APPLY	



Accommodate as Marked

I WOULD LIKE TO ORDER:

- CUSTOM INSERTS ONLY
- SHOES ONLY
- PREFABS ONLY
- SHOES & CUSTOM INSERTS
- SHOES & PREFAB INSERTS

___ ULTRA THIN
 1/8 INCH PINK PLASTAZOTE TOP COVER
 1/4 INCH GRAY PLASTAZOTE SHELL
 HEAT MOLDED TO CAST

QUANTITY ___ R ___ L

___ L5000
 1/8 INCH PLASTAZOTE TOP
 COVER
 1/2 INCH EVA SHELL
 1 INSERT PER
 HEAT MOLDED TO CAST
 QUANTITY ___ R ___ L

Ultra-Thin A5513 For diabetics only, multiple density inserts, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each