

# **FOOTWAY**<sup>®</sup>

## ORTHOPEDIC

6131 Lake Worth Road  
Greenacres, Florida 33463  
(866) 366-8929 FAX: 964-1091

### Office Information

Date: \_\_\_\_\_

Form completed by: \_\_\_\_\_

Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Gender: M F Shoe Size: \_\_\_\_\_ Width: \_\_\_\_\_

**For Faster Service Please Fax All Shoe Orders**

Velcro     Lace     Color \_\_\_\_\_

I would like to order:     Shoes Only  
 Custom Inserts Only     Pre-Fab Inserts Only  
 Shoes & Custom Inserts     Shoes & Pre-Fab Inserts

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

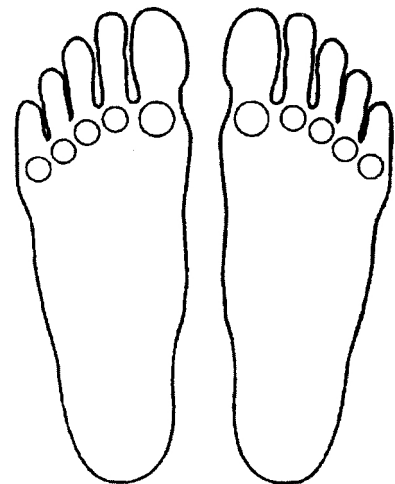
### Special Instructions \*\*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\* May incur extra charges



**R**

**L**

**Accommodate as Marked**

Metatarsal Pad (s)	___ R ___ L
Accommodate	___ R ___ L
U-Pad*	___ R ___ L
Toe Fill	Use L5000
Transmet Prosthesis	Use L5000
3/8 Inch Shell*	___ R ___ L
*Extra Charge	

\_\_\_\_\_ **Ultra Thin**  
 1/8 inch Pink Plastazote Top Cover  
 1/4 inch Grey Plastazote Shell  
 Heat Molded to Cast  
 Quantity \_\_\_ R \_\_\_ L

\_\_\_\_\_ **Regular**  
 1/4 inch Pink Plastazote Top Cover  
 1/4 inch Grey Plastazote Shell  
 Heat Molded to Cast  
 Quantity \_\_\_ R \_\_\_ L

\_\_\_\_\_ **Firm**  
 1/8 inch Pink & 1/8 inch  
 White Plastazote Top Cover  
 1/4 inch Grey Plastazote Shell  
 Heat Molded to Cast  
 Quantity \_\_\_ R \_\_\_ L

\_\_\_\_\_ **EVA Firm**  
 1/8 inch Pink & 1/8 inch  
 White 1/4 inch EVA Shell  
 Heat Molded to Cast  
 Quantity \_\_\_ R \_\_\_ L

\_\_\_\_\_ **L5000**  
 1/8 inch Pink Plastazote Top Cover  
 1/2 inch EVA Shell  
 I Insert Per  
 Heat Molded to Cast  
 Quantity \_\_\_ R \_\_\_ L

\* Plus Shipping