BIOMECHANICAL SERVICES

Account No.: _____

Custom Sandal Order Form

PRACTIONER 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

POSITIVE CAST PREPARATION

☐ Heel Skive _____0º_____5º_____10º_____15º

☐ Balance to perpendicular ☐ No forefoot correction ☐ Lower Longitudinal Arch ☐ Other_____

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:

1050 Central Avenue, Suite D. • Brea, CA 92821 • (800) 942-2272 • Fax: (714) 990-4060