

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
 Heel Skive _____ 0° _____ 5° _____ 10° _____ 15°

 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:

