

CUSTOM SHOE ORDER FORM

PATIENT INFORMATION

Vendor _____ Date _____

Clinician _____ Patient Name _____

Tel _____ Fax _____ Daily Activities _____

PO # _____ Age _____ Gender _____ Height _____ Weight _____

New vendors please contact our office prior to shipping first order

Note: To avoid delays in production, please complete fully.

Incomplete order forms will imply we are to use our discretion in selecting appropriate features and finishing. The vendor is responsible for charges incurred to rectify errors due to incomplete information.

DIAGNOSIS

Systemic conditions

- o Diabetes
- o Neuropathy
- o Arthritis - Rheumatoid
- o Arthritis - Osteo
- o Gout
- o Edema - Stabilized
- o Edema - Fluctuating

Mid/Hindfoot Conditions

- R L Charcot Marie Tooth (CMT)
- R L Equinus
- R L Pes Equino Varus

- R L Charcot Foot
- R L Pes Plano Valgus

- R L Partial Amputation MT-T
- R L Full Amputation MT-T

- R L Crush Injury
- R L Triple Arthrodesis
- R L Fixed Position of any joint _____

Other Conditions

- R<>L Leg Length Discrepancy
- R L AFO (please cast over brace)
- R L Other bracing _____

Condition not listed _____

Forefoot Conditions

- R L Bunion/Severe Hallux Valgus
- R L Taylor Bunionette
- R L Hallux Varus
- R L Metatarsalgia
- R L Fixed Hammer/Claw Toes
- R L Overlapping Toes
- R L Fixed Position of any digit
- R L Amputation of any digit(s)
- Digits missing _____

CASTING & MEASURING

- o New Patient
- o Repeat - no changes to last
- o Repeat - changes to last/fit
- o Trial fitting (TF) Model

TF Required By: _____

Footwear Required By: _____

Information Sent

- o Measurements with socks
- o Podotracks/tracing w/o socks
- o STS sock w/o socks
- o Plaster cast w/o socks
- o BioFoam Box w/o socks
- o Lasts Provided
- o Photographs

Take measurements with socks (and braces if applicable) that the patient normally wears.

Weight Bearing

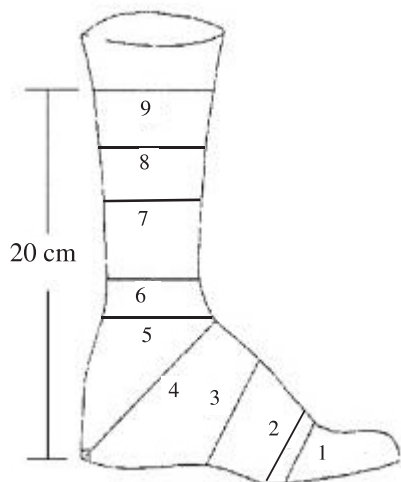
- o Ambulating
- o Transfers Only
- o Non weight bearing

It is important to receive all measurements for all types of footwear.

The more information we receive, the more accurate the footwear will be.

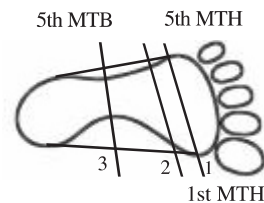
Right

1. _____ cm
2. _____ cm
3. _____ cm
4. _____ cm
5. _____ cm
6. _____ cm
7. _____ cm
8. _____ cm
9. _____ cm
10. _____ cm



Left

1. _____ cm
2. _____ cm
3. _____ cm
4. _____ cm
5. _____ cm
6. _____ cm
7. _____ cm
8. _____ cm
9. _____ cm
10. _____ cm



1. Ball
2. Waist
3. Span
4. Heel/Instep
5. Ankle
6. 12 cm from ground
7. 15 cm from ground
8. 18 cm from ground
9. 20 cm from ground
10. At desired boot height (state the ht of msmt.)

FOOTWEAR STYLES

Men's Shoes

- o Luxury Shoes
 - o Casual Shoes
 - o Open Shoes
- Model No: _____

Men's Boots

- o Luxury Boots
 - o Casual Boots
- Model No: _____

Additional House Shoes

- o Low
 - o High
- Model No: _____
Color: _____ (See technical catalogue)

Women's Shoes

- o Luxury Shoes
 - o Casual Shoes
 - o Open Shoes
- Model No: _____

Women's Boots

- o Luxury Boots
 - o Casual Boots
 - o High Boots
- Model No: _____

Children's Shoes

- o Children's Footwear
- Model No: _____

Work Boots

- o Workboots
- Model No: _____

Boot Height

_____ cm (over 18 cm **)

Please cast and measure accordingly

Other from picture
(surcharges apply)

All footwear comes with features indicated in catalogue unless otherwise stated.

TOE BOXES

Toe Box Shape

- o At our discretion
- o Narrow
- o Medium
- o Standard
- o Square
- o Round

Toe Box Depth

- o Regular
- o Extra Depth

Toe Caps**

- o Standard Rhenoflex 900
- o Polypropylene
- o Steel/Aluminum
- o Carbon
- o Ercoflex 3 mm

UPPERS

Colour

- o Black - Smooth
- o Black - Pebble
- o Brown - Dark
- o Brown - Medium
- o Brown - Pebble
- o Taupe
- o Beige
- o White
- o Burgundy
- o Navy

Colour No. _____
(See technical catalogue)

Closure

- o Eyelets _____
 - o D Rings Eyelets _____
 - o Hooks _____
 - o Velcro - Ring ** _____
- Closure no: _____
(See technical catalogue)

Shoe Lining

- o Regular Sheepskin
- o Sheepskin Liner **
- o Diabetic alcantara + foam
- o Gore-Tex between lining

SOLING

Soling Materials

- o At our discretion
- o Vibram Component (default oil resistant)
- o Separate Heel
- o Wedge

heel height _____ cm

Rocker Style

- o 855 Normal Rocker
- o 856 Early Rocker
- o 856A 2 Stage Rocker
- o 857 Late Rocker
- o 858 Polyphasic Rocker Sole
- o 859 Rocker with Medical Direction
- o 860 Rocker with Lateral Direction

Rocker Soles **

- R L Standard Forefoot
- R L Heel & Toe

Ht of Rocker (at heel/ball)

- o Mild - 6mm
- o Standard - 9mm
- o Aggressive - 12 mm

ELEVATIONS/FLARES

Elevations - in cm**

- | | | | |
|---------------|-------|---------------|----|
| | R | L | |
| o Full Foot | _____ | _____ | cm |
| o Two Part | _____ | _____ | cm |
| o Heel Only | _____ | _____ | cm |
| o Internal | | o External | |
| Heel _____ cm | | Heel _____ cm | |
| Ball _____ cm | | Ball _____ cm | |
| Toe _____ cm | | Toe _____ cm | |

Flares & Sole Features

- R L Lateral Flare
- R L Medial Flare
- R L Neutral Stability
- R L Neutral
- R L Rolled Edge

OTHER

Ergonomics & Safety**

- R L Nail Plate
- R L Sole Stiffening
- o Oil Resistant (Vibram) Sole
- o Bellow Tongue
- o Padded Tongue
- o Pull Tabs
- o Teflon Anti-perforation Insole

Ankle Supports**

- R L Semi Rigid
 - R L Rigid
 - R L Build in AFO
- TVO No: _____
(See technical catalogue)

Partial Foot Inserts**

- R L Toe Filler
- R L Lisfranc
- R L Chopart
- R L Pirogof/No tarsals

ORTHOTICS

Removable Inserts

- o At our discretion
- o EVA Diabetic Medical Foam
- o 35 Shore
Not recommended for ind'l over 150 lbs
- o Multiform
- o 30 Shore
- o 40 Shore
- o No inserts

Insert Top Sheeting

- o At our discretion
- o Leather & EVA (multiform)
- o Plastizote
Not recommended for ind'l over 150lbs

_____ Additional sets of orthotics**

Please consult the online available technical catalogue in the clinician centre at: www.steenwyk.com

NOTE: ** indicates there is an additional charge for this feature – please consult your price list

Attending Clinician:

(Printed Name Required)