

Please complete this form, print all information clearly and allow two to three weeks before receiving your custom orthotics.

**Quick-Step #1 Doctor information**

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

Dr. \_\_\_\_\_ Practice name: \_\_\_\_\_

Office address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Credit card billing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Quick-Step #2 Patient information - Primary footwear:** Athletic \_\_\_ Running \_\_\_ Comfort \_\_\_ Oxford lace \_\_\_ Dress flats \_\_\_ High heels \_\_\_

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe size: \_\_\_\_\_ Width: \_\_\_\_\_ Dress shoe: \_\_\_\_\_ Athletic shoe: \_\_\_\_\_

Special request, please ship the orthotics to patient's home address, for residential addresses please add \$5 extra for shipping.

Patient's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Quick-Step #3 Special request**

**Diabetic Ulcerations / Amputations**

**Accommodative orthotic**

EVA 25 DD \_\_\_\_\_  
 EVA 35 or 40 DD \_\_\_\_\_  
 Orthotics with/out shells  
 Uni-body EVA, soft orthotics

**Functional orthotic**

Poly Pro 2mm shell \_\_\_\_\_  
 Poly Pro 2.5mm shell \_\_\_\_\_  
 Very thin - flexible shells

Right foot plantar view

Left foot plantar view



**Prosthesis**

Big toe \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_ Both \_\_\_\_\_  
 Transmet filler \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_ Both \_\_\_\_\_

Other: \_\_\_\_\_

**TOP COVER**

We recommend to use Plastazote top cover material full length to prevent ulcerations.

To ensure a proper shoe fit, please send patient's shoe insole or tracing.

Full length \_\_\_\_\_ Plastazote \_\_\_\_\_

**Quick-Step #4 Posting for PRONATION - varus**

Rearfoot  Extrinsic  Intrinsic  
 Pronation Mild  Moderate  Severe   
 Right \_\_\_° Left \_\_\_° Right \_\_\_° Left \_\_\_° Right \_\_\_° Left \_\_\_°  
 Forefoot  Extrinsic  Intrinsic  
 Forefoot degrees ➡ Right \_\_\_° Left \_\_\_°

**Posting for SUPINATION - valgus**

Rearfoot  Extrinsic  Intrinsic  
 Pronation Mild  Moderate  Severe   
 Right \_\_\_° Left \_\_\_° Right \_\_\_° Left \_\_\_° Right \_\_\_° Left \_\_\_°  
 Forefoot  Extrinsic  Intrinsic  
 Forefoot degrees ➡ Right \_\_\_° Left \_\_\_°

**Quick-Step #5 Accommodations and padding**

Other: \_\_\_\_\_

Met pad Mild callus Right ___ Left ___ Both ___	Met bar Severe callus Right ___ Left ___ Both ___	Dancer's pad Right ___ Left ___ Both ___	Neuroma pad Right ___ Left ___ Both ___	Heel pad Right ___ Left ___ Both ___	U pad Right ___ Left ___ Both ___	Deep heel cup Right ___ Left ___ Both ___
Heel cut out Right ___ Left ___ Both ___	Scaphoid pad Right ___ Left ___ Both ___	Medial flange Right ___ Left ___ Both ___	Morton's extension Right ___ Left ___ Both ___	Reverse morton extension Right ___ Left ___ Both ___	Toe Crest pad Right ___ Left ___ Both ___	1st Ray cut out Right ___ Left ___ Both ___

**Heel lift - Short Leg Syndrome**

Heel lift on left: \_\_\_\_\_ or Heel lift on right \_\_\_\_\_ Size: \_\_\_\_\_ mm

**Quick-Step #6 Payment options**

Check enclosed # \_\_\_\_\_ Total \$ \_\_\_\_\_  
 Master Card  
 Visa  
 American Express  
 Other  
 CC# \_\_\_\_\_  
 Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 CC billing address: # \_\_\_\_\_ Zip: \_\_\_\_\_

**Quick-Step #7 Shipping and totals**

Pair of orthotics \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_  
 Shipping and handling \$22 per pair x \_\_\_\_\_ = \_\_\_\_\_  
 Send me \_\_\_ case(s) of foam (6 per case) x \$42..... = \_\_\_\_\_  
 Shipping and handling \$20 per case x \_\_\_\_\_ = \_\_\_\_\_  
 For residential please add \$5 for delivery \_\_\_\_\_ = \_\_\_\_\_  
 For spenco and leather top cover please add \$10..... = \_\_\_\_\_  
 48 hours in house rush \$25..... = \_\_\_\_\_  
 Next day and international shipping rates vary by zone. Please call us.