

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 Standard reconditioning

Basic refurbishment

 Replacement of top and bottom cover materials and all accommodative padding.

Complete refurbishment

 Replacement of all posting and filler EVA materials as well as all top and bottom cover materials and accommodative padding.

Specific shells modifications

Change the orthotics style to: _____

Specify the amount of correction

<input type="checkbox"/> Lower the arch	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____ mm
<input type="checkbox"/> Raise the arch	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____ mm
<input type="checkbox"/> Reduce bulk under arch	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	reduce EVA arch reinforcement under arch by _____ mm
<input type="checkbox"/> Narrow the heel shells	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____ mm
<input type="checkbox"/> Increase the heel width	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____ mm
<input type="checkbox"/> Lower the heel cups	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____ mm
<input type="checkbox"/> Increase the heel cups	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____ mm
<input type="checkbox"/> Reduce the forefoot shells	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	and narrow forefoot orthotic by _____ mm
<input type="checkbox"/> Increase the forefoot width	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	and increase the forefoot width by _____ mm

TOP COVER

 Spenco or neoprene Naugahyde Suede Leather EVA Bamboo Plastazote/ diabetic

 Please specify the length ➡ Full length Sulcus or ¾ length to the mets

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

Quick-Step #4 Posting for PRONATION - varus

<input type="checkbox"/> Rearfoot	<input type="checkbox"/> Extrinsic	<input type="checkbox"/> Intrinsic
Pronation Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Right ___° Left ___°	Right ___° Left ___°	Right ___° Left ___°
<input type="checkbox"/> Forefoot	<input type="checkbox"/> Extrinsic	<input type="checkbox"/> Intrinsic
Forefoot degrees ➡ Right ___° Left ___°		

Posting for SUPINATION - valgus

<input type="checkbox"/> Rearfoot	<input type="checkbox"/> Extrinsic	<input type="checkbox"/> Intrinsic
Pronation Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Right ___° Left ___°	Right ___° Left ___°	Right ___° Left ___°
<input type="checkbox"/> Forefoot	<input type="checkbox"/> Extrinsic	<input type="checkbox"/> Intrinsic
Forefoot degrees ➡ Right ___° Left ___°		

Quick-Step #5 Remove _____ Add _____ or Move _____ the following accommodations :

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 ___

Special request: _____

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.