

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 Orthotics and length selection**Athletic Collection - standard full length** Accu-Flex Accu-True RunnerPlease specify the length ➡ Full length **Functional - standard 3/4 length to the mets** Accu-Kids Accu-UCBLSulcus or 3/4 length to the mets **Dress Collection - standard sulcus length** Accu-Dress men Accu-Casual Women Accu-Casual Women plus Accu-CobraPlease specify the length ➡ Full length Sulcus or 3/4 length to the mets **Senior Collection - standard full length** Accu-Cloud I Accu-Cloud II

Orthotics without shells uni-body EVA - soft orthotic

Please specify the length ➡ Full length Accu-Soft I Accu-Soft II

Very flexible thinner shells and EVA arch reinforcement

Sulcus or 3/4 length to the mets **Diabetic Collection - standard full length** Accu-Diabetic Accu-Diabetic FirmProsthesis toe: Transmet filler: Please specify the length ➡ Full length **Comfort Collection - standard full length** Accu-Comfort Women Accu-Comfort MenSulcus or 3/4 length to the mets **Quick-Step #4** Posting for **PRONATION** - varus Rearfoot Extrinsic IntrinsicPronation Mild Moderate Severe

Right ___° Left ___°

Right ___° Left ___°

Right ___° Left ___°

 Forefoot Extrinsic Intrinsic

Forefoot degrees ➡ Right ___° Left ___°

Posting for **SUPINATION** - valgus Rearfoot Extrinsic IntrinsicPronation Mild Moderate Severe

Right ___° Left ___°

Right ___° Left ___°

Right ___° Left ___°

 Forefoot Extrinsic Intrinsic

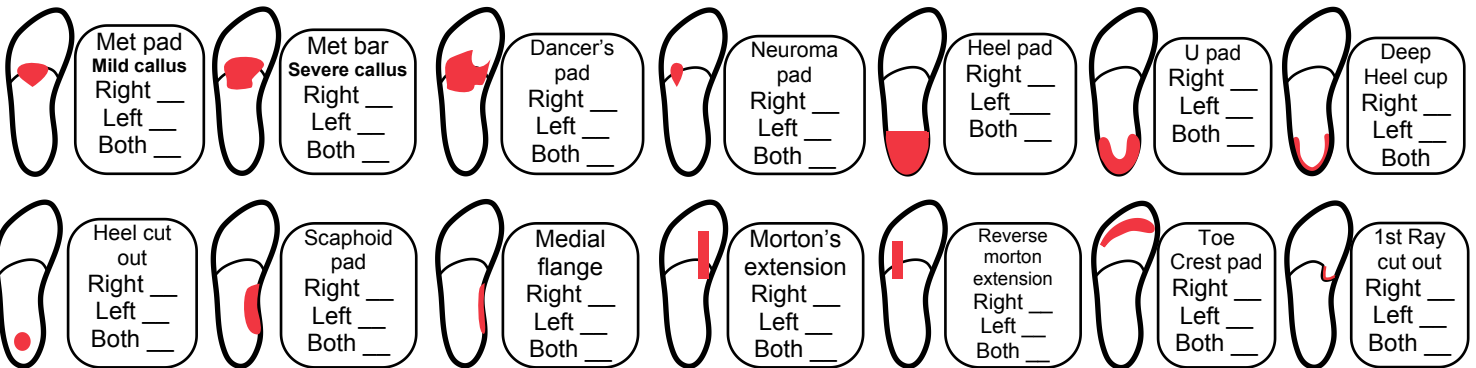
Forefoot degrees ➡ Right ___° Left ___°

Quick-Step #5**Please select the top cover**

Accommodations and padding

Spenco or neoprene Naugahyde Suede Leather EVA Bamboo Plastazote/ diabetic

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

**Heel lift - Short Leg Syndrome**

Heel lift on left: _____ or Heel lift on right _____ Size: _____ mm

Longitudinal arch

Per cast: _____ mm - Higher _____ mm - Medium _____ mm - Lower: _____ mm

Special request

Shells: Rigid _____ mm - Medium _____ mm - Flexible: _____ mm - EVA (no shells) _____ 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.