

Accuthotix™

Quick-Step Order Form

This form contains all the information our lab technicians need in order to fabricate your custom molded orthotics. The information in this form, in addition to the foam casts you make, allows us to select the appropriate orthotic type for your patient. Please complete this form, print all information clearly and allow two to three weeks before receiving the custom orthotics.

Quick-Step #1

Doctor Information

Date _____

Dr. _____ Practice Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ Email _____

Quick-Step #2

Patient Information

First _____ MI _____ Last _____

Age _____ Sex _____ Weight _____ Shoe Size _____ (include width)

Quick-Step #3

Category and Style Selection

We make Accuthotix™ for many styles of footwear, but all styles fit distinctly into two (2) categories: *Non-Dress* and *Dress*. For the purposes of insuring usage compliance and best correction outcomes we urge you to order a minimum of one (1) pair from each category.

Please note:

We recommend FULL length for non-dressshoes styles

We recommend Sulcus or 3/4" length Dress shoes styles

Work-boot
 Walking
 Athletic
 Running
 Comfort

Oxford - Lace
 Loafer
 Pumps/Heels (over 2")
 Dress Flats (up to 1" heel)
 Western Boots

Check one (1st pair): Full length _____ Sulcus _____ or 3/4" length _____
Check one (2nd pair): Full length _____ Sulcus _____ or 3/4" length _____

Quick-Step #4

Patient Use

For what type of activity will your patient be using Accuthotix?

TOTAL PAIRS

Quick-Step #5

Accommodations/Additions

	Left	Right	Both	Additional Information
<input type="checkbox"/> Heel Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3mm <input type="checkbox"/> 5mm <input type="checkbox"/> 7mm <input type="checkbox"/> 9mm
<input type="checkbox"/> Heel Spur Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> U-Pad <input type="checkbox"/> Cutout
<input type="checkbox"/> Met Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> High
<input type="checkbox"/> Met Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Accommodate for lesions as marked below
PLANTAR VIEW (callus, bunions, etc.)



Right Left

Quick-Step #6

Posting specifications

Pronation → Mild Moderate Severe

Supination → Mild Moderate Severe

Quick-Step #7

Payment Options

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

Quick-Step #8

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.