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www.rightwaycms.com

To serve properly, please fill form out completely and legibly.

Custom shoe work order

COMPANY NAME: _____ Phone: _____ Fax: _____ Purchase Order # _____ Date: _____ Account # _____	SHIP TO: _____ Address _____ City _____ State _____ Zip. _____																					
PATIENT NAME: _____ Address: _____ City: _____ State _____ Zip _____ Male _____ Female _____ Age _____ Weight £ _____ Occupation: _____ Had Rightwaycms before _____ Date _____	DIAGNOSIS <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">L</td> <td style="text-align: center;">R</td> </tr> <tr> <td>Diabetic _____ Toes Overlapped _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Post Polio _____ Hammered _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Amputee _____ Arch No Deformity _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Charcot _____ Flexible Deformity _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Arthritic _____ Rigid Deformity _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Other: _____</td> <td></td> <td></td> </tr> </table>		L	R	Diabetic _____ Toes Overlapped _____	_____	_____	Post Polio _____ Hammered _____	_____	_____	Amputee _____ Arch No Deformity _____	_____	_____	Charcot _____ Flexible Deformity _____	_____	_____	Arthritic _____ Rigid Deformity _____	_____	_____	Other: _____		
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Other: _____																						
CAST MODIFICATION Correct Cast to 90° _____ Standard Toe Elongation (3/4) _____ Extra Toe Elongation (1/4) _____ High Toe Box _____ Extra High Toe Box _____ Duplicate Cast* _____ Other _____	REMOVABLE CUSTOM MOLDED INSERTS Standard: 1/4" Pink + 1/4" White Plastazote® _____ 1/4" Pink + 1/8" Poron® + 1/4" White Plastazote®* _____ Cover* Leather* _____ Spenco®* _____ Poron®* _____ Extra Inserts 1 pair* _____ 2 pairs** _____ Other: _____																					
SHOE STYLE _____ Color _____ Heavy Duty Leather* _____ OPENING Regular _____ Semi-Surgical _____ Surgical _____ Velcro®* 1 _____ 2 _____ Laces _____ Velcro D-ring Normal Direction (Standard) <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">L</td> <td style="text-align: center;">R</td> </tr> <tr> <td>Velcro D-ring Reverse Direction</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Velcro Flat Normal Direction</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Velcro Flat Reverse Direction</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>T-Strap*</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Hook* _____ Speed Lace* _____</td> <td></td> <td></td> </tr> </table>		L	R	Velcro D-ring Reverse Direction	_____	_____	Velcro Flat Normal Direction	_____	_____	Velcro Flat Reverse Direction	_____	_____	T-Strap*	_____	_____	Hook* _____ Speed Lace* _____			SPECIAL LINING B-foam Cushion (standard) _____ Full Leather* _____ Plastazote® * _____ Vamp* _____ Heel* _____ Collar and Tongue come padded Standard Unless Otherwise Noted Collar (no padding) _____ Tongue (no padding) _____ Other: _____			
	L	R																				
Velcro D-ring Reverse Direction	_____	_____																				
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Velcro Flat Reverse Direction	_____	_____																				
T-Strap*	_____	_____																				
Hook* _____ Speed Lace* _____																						

CONSTRUCTION

Regular (light) _____
 Celastic Counters (Standard) _____ Double Counter* _____
 Other: _____

SOLING

L W (12 I) _____ Standard (18 I) _____
 Heavy Duty (24 I)* _____ Heavy Duty Ribbed Soling* _____
 Other: _____

SHORT LEG BUILD-UP

	L	R
Heel*	_____ inch	_____ inch
Ball*	_____	_____
Toe*	_____	_____
Outsole* _____	Insole* _____	
Other: _____		

SOLE MODIFICATIONS

		L	R
Heel Flare*	Lateral _____ Medial _____	_____	_____
Sole Flare*	Lateral _____ Medial _____	_____	_____
Heel Wedge*	Lateral _____ Medial _____	_____	_____
Sole Wedge*	Lateral _____ Medial _____	_____	_____
Wide Base* _____	Rocker sole _____	Rocker Heel _____	

PLEASE MARK AREAS OF SPECIAL ATTENTION ON THE PICTURES BELOW AND ON THE CAST**Right****Left****SPECIAL INSTRUCTIONS**

Include A Weight-bearing Tracing _____

(HOLD A PENCIL VERTICALLY WHEN TRACING)

EXTERNL ADDITIONS

	L	R
Toe Filler*	_____	_____
To Match (length)	_____	_____
Short	_____	_____
Steel Shank*	_____	_____
7/8" Caliper Plate *	_____	_____
Base Depressions*	_____	_____
Met Pad *	_____	_____
Metatarsal Bar*	_____	_____
Reinforce for Brace	_____	_____

Other: _____

*** THERE IS AN ADDITIONAL CHARGE FOR THIS MODIFICATION.**

PLEASE SEE PRICE LIST.

THE BASIC INFORMATION REQUIRED OR YOU MAY INCUR EXTRA COST & DELAYS

SEND Literature _____

Order Forms _____

