



**THANK YOU FOR CHOOSING ORTHOGENIX!**

**PLEASE FOLLOW INSTRUCTIONS CAREFULLY:**

**"ENSURE ALL MANDATORY INFORMATION IS ENTERED IN THE ORDER OUTLINED."**

**CUSTOM MADE FOOTWEAR ORDER FORM**  
**PAGES 2 TO 7**

**LAST ORDER FORM**  
**PAGE 2**

**ORTHOTIC ORDER FORM**  
**PAGE 8**

**IF YOU NEED ASSISTANCE, PLEASE CONTACT OUR CUSTOMER SERVICE TEAM.**  
**THANK YOU FOR YOUR COOPERATION!**

PROVIDER FACILITY

PROVIDER NAME

FULL NAME

MALE

FEMALE

WEIGHT

## LAST INFO

**SUBMITTED**

- \*\*Foot scan  Left  Right
- \*\*Foam box
- Blue print
- Plaster Cast
- Foam positive
- Mirror Last

**FOOT MEASUREMENT:**

	Left (mm)	Right (mm)
**Length		
**Width		
	Left (mm)	Right (mm)
High Last		
Low Last		
Heel Height		
Toe jump		
Toe Height		



**LEG MEASUREMENT**

	Left	Right	
Ankle size			mm
Heel size			mm
Instep size			mm
Waist size			mm
Ball size			mm

Height	Left	Right
100 mm		
150 mm		
200 mm		
250 mm		
300 mm		
350 mm		
400 mm		
450 mm		
500 mm		
mm		

**FORE FOOT POSITION FRONTAL VIEW**

Pronation (lateral A) and supination (medial B)

Accept scan Left  
 Accept scan Right  
 Neutral 90° Left  
 Neutral 90° Right

**LEG POSITION SIDE VIEW**

Dorsal flexion(A) and plantair flexion(B)

Accept scan Left  
 Accept scan Right  
 Neutral 90° Left  
 Neutral 90° Right

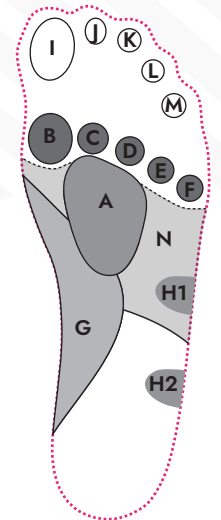
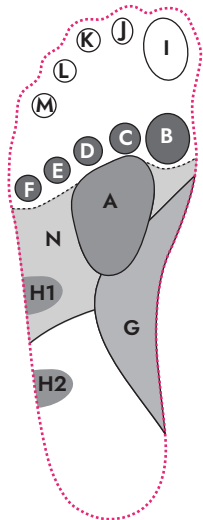
**LEG POSITION BACK VIEW**

Varus (lateral A) and valgus (medial B)

Accept scan Left  
 Accept scan Right  
 Neutral 90° Left  
 Neutral 90° Right

**LAST CORRECTIONS:**

Left	mm+	mm-		Right	mm+	mm-
A			Metatarsal pad	A		
B			MTP 1	B		
C			MTP 2	C		
D			MTP 3	D		
E			MTP 4	E		
F			MTP 5	F		
G			Medial support	G		
H1			Support base of 5th metat front	H1		
H2			Support base of 5th metat back	H2		
I			Hallux	I		
J			Digitus II	J		
K			Digitus III	K		
L			Digitus IV	L		
M			Digitus V	M		
N			Transverse support	N		



**TOE MODEL:**

- 1. Round
- 2. Semi Peak
- 3. Carre
- 4. Peak
- 5. Other

**REMARKS:**

# # CUSTOM MADE SHOE

## ORTHOTIC ORDER FORM

PROVIDER FACILITY

PROVIDER NAME

FULL NAME

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### INLAY

#### BASIC INLAY



1st Layer		Right	
Left	Material	mm	Material

2nd Layer		Right	
Left	Material	mm	Material

3rd Layer		Right	
Left	Material	mm	Material

4th Layer		Right	
Left	Material	mm	Material

#### OPTIONAL INLAY WITH REINFORCEMENT

Left  Right

Lat low

Left  Right

Med low

Left  Right

Inside insole

Left  Right

Heel low

Left  Right

Add modelling

Left  Right

Arthrodesis insole

Left  Right

Amputation provision

Left  Right

Insole with filler

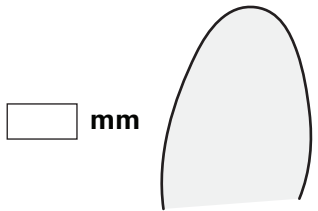
Left  Right

Double ankle

### INLAY THICKNESS

LEFT--

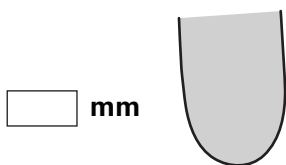
mm



mm

mm

Lat Med

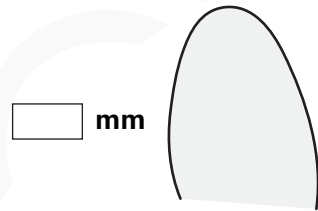


mm

mm

--RIGHT

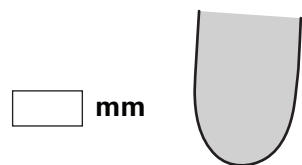
mm



mm

mm

Med Lat



mm

mm

#### REMARKS ABOUT INLAY

PROVIDER FACILITY

PROVIDER NAME

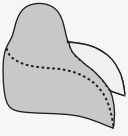
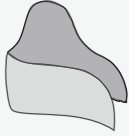
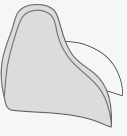
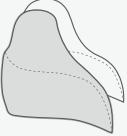


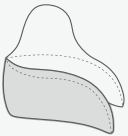
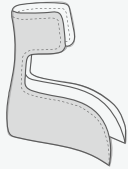
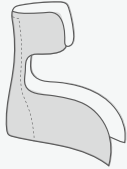
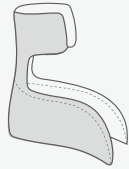


FULL NAME

MALE

FEMALE

WEIGHT

## REINFORCEMENT

				
<b>RF-01</b>	<b>RF-02</b>	<b>RF-03</b>	<b>RF-04</b>	<b>RF-05</b>
LATERAL REINFORCEMENT	MEDIAL REINFORCEMENT	LATERAL REINFORCEMENT	LATERAL & MEDIAL REINFORCEMENT	LATERAL & MEDIAL REINFORCEMENT
				
<b>RF-06</b>	<b>RF-07</b>	<b>RF-08</b>	<b>RF-09</b>	<b>RF-09</b>
LATERAL & MEDIAL REINFORCEMENT	MEDIAL REINFORCEMENT	PERONEUS STIFFENING	PERONEUS STIFFENING	PERONEUS STIFFENING
				
<b>RF-10</b>	<b>RF-11</b>	<b>RF-12</b>	<b>RF-13</b>	
ARTHRODESIS CUP	ARTHRODESIS CUP	ARTHRODESIS CUP	ARTHRODESIS CUP	

### REINFORCEMENT

Standard Heel Counter :

	LEFT	RIGHT
	<input type="checkbox"/>	<input type="checkbox"/>

Optional Reinforcement No :

	LEFT	RIGHT
	<input type="checkbox"/>	<input type="checkbox"/>

See specifications on last

	Left	Right
Height	<input type="text"/> mm	<input type="text"/> mm
Ankle Padding	<input type="text"/> mm	<input type="text"/> mm
Circular Padding	<input type="text"/> mm	<input type="text"/> mm

### REMARKS ABOUT REINFORCEMENT

**PROVIDER FACILITY**

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**WEIGHT**

## TEST SHOE

**NOTE: PLEASE FILL OUT THIS PAGE IF YOU NEED A SAMPLE OR TRIAL SHOE BEFORE THE FINAL PRODUCTION OF YOUR ORDER**

<input type="checkbox"/>	Test shoe without Support	Material	<input type="text"/>
<input type="checkbox"/>	Test shoe low		<input type="text"/>
<input type="checkbox"/>	Test shoe high		<input type="text"/>

**TEST SHOE HEIGHT**

Left  mm

Right  mm

**HEEL HEIGHT**

Left  mm

Right  mm

**HEEL TYPE**

Heel Type :

**ROCKER**

Rocker Type No :

**Rocker measurements :**

	Toe		Ball		Heel
left	<input type="text"/> mm		<input type="text"/> mm		<input type="text"/> mm
Right	<input type="text"/> mm		<input type="text"/> mm		<input type="text"/> mm

**SPACE SOLE**

		LEFT	RIGHT
■ General	3 mm	<input type="checkbox"/>	<input type="checkbox"/>
	5 mm	<input type="checkbox"/>	<input type="checkbox"/>
■ Under Ball	3 mm	<input type="checkbox"/>	<input type="checkbox"/>
	5 mm	<input type="checkbox"/>	<input type="checkbox"/>



**REMARKS:**

**PROVIDER FACILITY**

**PROVIDER NAME**

**FULL NAME**

MALE

FEMALE

**WEIGHT**

**UPPER**

**MODEL NUMBER**

As model

Icon Options

**UPPER HEIGHT**

Left  mm  
Right  mm

**UPPER LEATHER**

1.   
2.   
3.

**LINING**

Frontpart   
Heelpart

**EXTRAS**

Collar Padding (5-mm)  Seamless  Blind Stitch

Tongue Padding  3mm  5mm \*\*

Ankle Heel padding  3mm  5mm

Tongue Stiffener  Ercoflex  Renoflex

Anti Allergy glue

**CLOSURES**

**QTY COLOR**

	QTY	COLOR
<input type="checkbox"/> Ring no.	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Hook no.	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Buckle no.	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Velcro no.	<input type="text"/>	<input type="text"/>

Velcro Width  mm

Zipper  Medial  Lateral  Both

Elastic  Left  Right

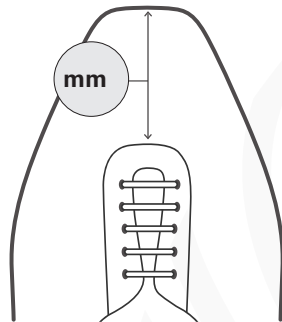
**OPENING**

**OXFORD STYLE**

Standard

mm

mm

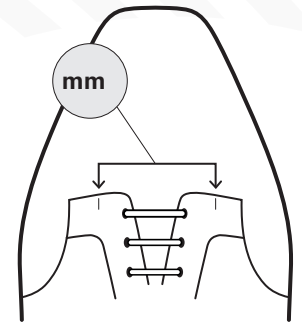


**DERBY STYLE**

Standard

mm

mm



**REMARKS:**

**PROVIDER FACILITY**

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**FULL NAME**

MALE

FEMALE

**WEIGHT**

**BOTTOM**

**BOTTOM STYLE**

As model

Other

**HEEL HEIGHT**

Left  mm

Right  mm

**HEEL TYPE**

Left

Right

**INNERSOLE**

Sole stiffener  Anti penetration sole

Other

**HEEL OPTIONS**

Heel wider

Left

Right

Med  mm

Med  mm

Lat  mm

Lat  mm

ROUNDING  mm

mm

BUFFER  mm

mm

TAPERED  mm

mm

**TOE PUFF**

Type:  Normal  Short  Wing

Material:  Tep  Carbon  Polyprop

Ercoflex  Lining

**WELT & OUTSOLE**

Welt No  Color

Sole No  Color   mm

Same as model

**ROCKER**

Rocker Type no.

Rocker measurements :

left  mm  mm  mm

Right  mm  mm  mm

**SPACE SOLE**

General

Under Ball

LEFT RIGHT

3 mm

5 mm

LEFT RIGHT

3 mm

5 mm

**OUTLASTING**

Remove the last

Footbed covered with perforated leather

Provide with laces

**REMARKS:**

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**INSOLE INFO**

- Shell:
- Shell Materials:
- Insole Type:
- \*\*Shoe Reference :
- Pair :
- Additional MLA Height:
 

Left (mm)	Right (mm)
<input type="text"/>	<input type="text"/>



**SUBMITTED**

- \*\*Foam box  Left |  Right
- \*\*Foot Photo  Left |  Right

■ \*\*Foot Measurement:

	Left (mm)	Right (mm)
*Length	<input type="text"/>	<input type="text"/>
Width	<input type="text"/>	<input type="text"/>

Additional Elements:

■ Elements Height :

	Left (mm)	Right (mm)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**REMARKS:**

**INSOLE INFO**

Layer	Materials	Thickness	Remarks
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

**REMARKS:**