



**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

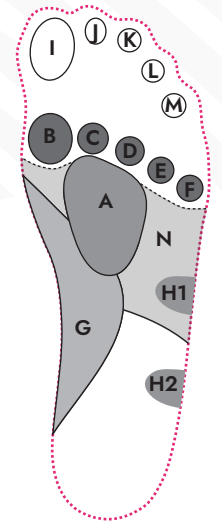
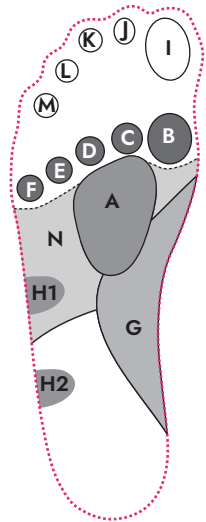
**LEG POSITION BACK VIEW**

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

MALE

FEMALE

WEIGHT

### INLAY

#### BASIC INLAY

Left Right



| 1st Layer            |                      | Right                |                      |
|----------------------|----------------------|----------------------|----------------------|
| Left                 | mm                   | Material             | mm                   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| 2nd Layer            |                      | Right                |                      |
|----------------------|----------------------|----------------------|----------------------|
| Left                 | mm                   | Material             | mm                   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| 3rd Layer            |                      | Right                |                      |
|----------------------|----------------------|----------------------|----------------------|
| Left                 | mm                   | Material             | mm                   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| 4th Layer            |                      | Right                |                      |
|----------------------|----------------------|----------------------|----------------------|
| Left                 | mm                   | Material             | mm                   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

#### OPTIONAL INLAY WITH REINFORCEMENT

|  |  |  |
|--|--|--|
| <p>Left Right</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Lat low</p>              | <p>Left Right</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Med low</p>            | <p>Left Right</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Inside insole</p>      |
| <p>Left Right</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Heel low</p>             | <p>Left Right</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Add modelling</p>      | <p>Left Right</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Arthrodesis insole</p> |
| <p>Left Right</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Amputation provision</p> | <p>Left Right</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Insole with filler</p> | <p>Left Right</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Double ankle</p>       |

### INLAY THICKNESS

LEFT--

--RIGHT

|                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="text"/> mm | <input type="text"/> mm | <input type="text"/> mm | <input type="text"/> mm |
|                         |                         |                         |                         |
| Lat                     | Med                     | Med                     | Lat                     |
| <input type="text"/> mm | <input type="text"/> mm | <input type="text"/> mm | <input type="text"/> mm |

#### REMARKS ABOUT INLAY

PROVIDER FACILITY

PROVIDER NAME

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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**

**PROVIDER NAME**

**FULL NAME**

MALE

FEMALE

**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

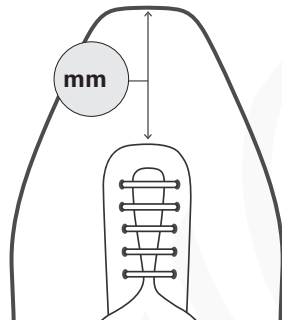
**OPENING**

**OXFORD STYLE**

Standard

mm

mm

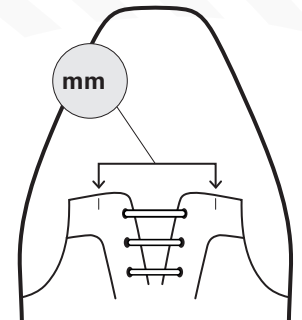


**DERBY STYLE**

Standard

mm

mm



**REMARKS:**

**PROVIDER FACILITY**

**PROVIDER NAME**

**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:**

**PROVIDER FACILITY**

**PROVIDER NAME**

**FULL NAME**

MALE

FEMALE

**WEIGHT**

**INSOLE INFO**

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

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



**SUBMITTED**

- |              | Left                     | Right                    |
|--------------|--------------------------|--------------------------|
| **Foam box   | <input type="checkbox"/> | <input type="checkbox"/> |
| **Foot Photo | <input type="checkbox"/> | <input type="checkbox"/> |

- \*\*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"/> |

**REMARKS:**

**INSOLE INFO**

| Layer | Materials | Thickness | Remarks |
|-------|-----------|-----------|---------|
| 1     |           |           |         |
| 2     |           |           |         |
|       |           |           |         |

**REMARKS:**