

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 Standard reconditioning

#### Basic refurbishment

 Replacement of top and bottom cover materials and all accommodative padding.

#### Complete refurbishment

 Replacement of all posting and filler EVA materials as well as all top and bottom cover materials and accommodative padding.

### Specific shells modifications

Change the orthotics style to: \_\_\_\_\_

Specify the amount of correction

<input type="checkbox"/> Lower the arch	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____ mm
<input type="checkbox"/> Raise the arch	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____ mm
<input type="checkbox"/> Reduce bulk under arch	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	reduce EVA arch reinforcement under arch by _____ mm
<input type="checkbox"/> Narrow the heel shells	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____ mm
<input type="checkbox"/> Increase the heel width	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____ mm
<input type="checkbox"/> Lower the heel cups	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____ mm
<input type="checkbox"/> Increase the heel cups	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	_____ mm
<input type="checkbox"/> Reduce the forefoot shells	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	and narrow forefoot orthotic by _____ mm
<input type="checkbox"/> Increase the forefoot width	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both	and increase the forefoot width by _____ mm

### TOP COVER

 Spenco or neoprene  Naugahyde  Suede  Leather  EVA  Bamboo  Plastazote/ diabetic

 Please specify the length ➡ Full length  Sulcus  or ¾ length to the mets 

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

### Quick-Step #4 Posting for PRONATION - varus

<input type="checkbox"/> Rearfoot	<input type="checkbox"/> Extrinsic	<input type="checkbox"/> Intrinsic
Pronation Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Right ___° Left ___°	Right ___° Left ___°	Right ___° Left ___°
<input type="checkbox"/> Forefoot	<input type="checkbox"/> Extrinsic	<input type="checkbox"/> Intrinsic
Forefoot degrees ➡ Right ___° Left ___°		

### Posting for SUPINATION - valgus

<input type="checkbox"/> Rearfoot	<input type="checkbox"/> Extrinsic	<input type="checkbox"/> Intrinsic
Pronation Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Right ___° Left ___°	Right ___° Left ___°	Right ___° Left ___°
<input type="checkbox"/> Forefoot	<input type="checkbox"/> Extrinsic	<input type="checkbox"/> Intrinsic
Forefoot degrees ➡ Right ___° Left ___°		

### Quick-Step #5 Remove \_\_\_\_\_ Add \_\_\_\_\_ or Move \_\_\_\_\_ the following accommodations :

Met pad Mild callus Right ___ Left ___ Both ___	Met bar Severe callus Right ___ Left ___ Both ___	Dancer's pad Right ___ Left ___ Both ___	Neuroma pad Right ___ Left ___ Both ___	Heel pad Right ___ Left ___ Both ___	U pad Right ___ Left ___ Both ___	Deep Heel cup Right ___ Left ___ Both ___
Heel cut out Right ___ Left ___ Both ___	Scaphoid pad Right ___ Left ___ Both ___	Medial flange Right ___ Left ___ Both ___	Morton's extension Right ___ Left ___ Both ___	Reverse morton extension Right ___ Left ___ Both ___	Toe Crest pad Right ___ Left ___ Both ___	1st Ray cut out Right ___ Left ___ Both ___

Special request: \_\_\_\_\_

### Heel lift - Short Leg Syndrome

Heel lift on left: \_\_\_\_\_ or Heel lift on right \_\_\_\_\_ Size: \_\_\_\_\_ 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.