

Have you Moved?  New Customer   
**BILL TO CO:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SHIP TO CO:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**FOR OFFICE USE ONLY**  
 What was received with order: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Old Order Number: \_\_\_\_\_

- NEW ORDER
- MODIFICATION
- REMAKE
- RUSH (Additional Fee)



## CUSTOM FOOTWEAR ORDER FORM

(PLEASE USE INSIDE FOR FOOT TRACINGS)

18530 S. Miles Pkwy, Cleveland, OH 44128

(216) 662-4500 Ext. #129 (800) 237-2267<sup>option 1</sup> FAX (216) 587-9529

<http://www.acor.com>  
[customshoe@acor.com](mailto:customshoe@acor.com)

Date: \_\_\_\_\_ PO #: \_\_\_\_\_ Customer #: \_\_\_\_\_

Shipping Method (circle choice) **US MAIL** **FED EX** 1 Day 2 Day Ground **UPS** 1 day 2 day 3day Ground

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Has customer worn Acor shoes in the past? No Yes, DATE: \_\_\_/\_\_\_/\_\_\_  
 Occupation: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Shoe Style (required): \_\_\_\_\_ TSPKG  Pair  Right Only  Left Only  Color (required) \_\_\_\_\_ All Acor shoes/boots have a 3/4" standard heel height.  
 Oxford  4" Chukka  Hightop  \_\_\_\_\_ " high (required) Construction Weight (circle choice): Lightweight Regular Heavy Duty Extra Heavy Duty  
 (Boots over 6" tall incur extra charge)

To ensure proper shoe fit, please fill out form completely, front and back, especially required information! Thank you.

All original casts are discarded.  
 Duplicates can be ordered (additional fee)

## REMOVABLE FOOT ORTHOTICS (One pair of P-Cell®/Puff orthotics will come with Custom footwear unless otherwise noted)

### TOP COVERS

- Leather  Neo-Sponge™ 1/8"  Vinyl
- X-Static® 1/8" NeoSponge™  X-Static® 1/16" NeoSponge™
- Other \_\_\_\_\_

### ADDITIONAL FOOT ORTHOTICS

Qty. Left \_\_\_\_\_ Qty. Right \_\_\_\_\_

### THERAPEUTIC SHOE PACKAGE / TSPKG



**FOR OFFICE USE:**  
 LEFT \_\_\_\_\_  
 RIGHT \_\_\_\_\_  
 2PC.PC PW FW CS SC

INDICATE PROBLEM AREAS ABOVE AND ON FULL SIZE TRACINGS INSIDE

### MATERIAL CHOICES (required)

- 1/2" P-Cell®
- 1/2" White Plastazote®
- 1/4" P-Cell® + 1/4" White Plastazote®
- 1/4" P-Cell® + 1/4" Microcel Puff® (standard)
- 1/4" P-Cell® + 1/4" Multicork™
- 1/4" P-Cell® + 1/4" Puff Lite
- 1/4" White Plastazote® + 1/4" Microcel Puff®
- PORON Medical® Urethane\*\* (thickness: \_\_\_\_\_")
- Other. Please specify layering order of materials:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\* Extra charge for PORON Medical® Urethane

### FLANGE ON ORTHOSIS

- Medial .....  L  R
- Lateral .....  L  R

METATARSAL PAD .....  L  R

METATARSAL BAR .....  L  R

### PORON® SPOT EXCAVATION ON ORTHOSIS

(Please indicate on cast and on drawing to left)  L  R

### AMPUTATION FILLER / NO FILLER

- Built into the shoe after linings (not on Thermacor styles)
- Built into the foot orthotic

LEFT TOE FILLER RIGHT TOE FILLER

-      -   
 1 2 3 4 5 None 1 2 3 4 5 None

Chopart, Lis Frank and Trans-met Amputations require Heel-to-Toe Shank

Cosmetic Plaster Toe Filler/ Chopart .....  L  R  
 (Out of plaster only - customer will add filler)

### ELEVATION ON ORTHOSSES:

Heel Ball Toe  
 Left \_\_\_\_\_ in. \_\_\_\_\_ in. \_\_\_\_\_ in.  
 Right \_\_\_\_\_ in. \_\_\_\_\_ in. \_\_\_\_\_ in.

### SPECIAL ORTHOTIC INSTRUCTIONS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Need help with this order? Check here to have our Technical Support Department contact you

### FOOT EVALUATION

#### TOES

- Overlapped.....  L  R  
 Hammered.....  L  R

#### ARCH TYPE

- No Deformity.....  L  R  
 Flexible Deformity.....  L  R  
 Rigid Deformity.....  L  R

Do your casts look like your patient's feet?.....  Y  N

#### CAST MODIFICATIONS

(All original casts are discarded)

- Build-up with plaster as marked  
 Duplicate Modified Positive Casts (additional charge)  
 Cast Adjustment (additional charge).....  L  R

#### LININGS\* (required)

- Leather (standard).....  L  R  
 P-Cell®.....  L  R  
 P-Cell® between lining & upper.....  L  R  
 Thermacor®.....  L  R  
 X-Static®.....  L  R

\* Linings not available on Thermacor (T) Shoes

#### REINFORCED ANKLE (Leather Boots ONLY)

- Quikform.....  L  R  
 PolyPro.....  L  R

#### LACE BAR / LACES (required)

- Balmoral.....  L  R  
 Blucher.....  L  R  
 Buckles.....  L  R  
 Laces.....  L  R  
 Semi Surgical.....  L  R  
 Surgical.....  L  R  
 Velcro® - Normal direction.....  L  R  
 Velcro® - Reversed direction.....  L  R  
 Velcro® - D-Ring Normal direction.....  L  R  
 Velcro® - D-Ring Reversed direction.....  L  R  
 Hooks.....  L  R

#### HEEL COUNTER

- Standard counter.....  L  R  
 Rigid Counter.....  L  R  
 Extended Medial.....  L  R  
 Extended Lateral.....  L  R

#### TOE BOXES

- Extra High Toe Box, 1/8".....  L  R  
 Extra High Toe Box, 1/4".....  L  R  
 Plastic Toes.....  L  R  
 Standard Toe Box.....  L  R  
 Steel Toes (Requires Hand-Sewn Welts).....  L  R

#### METATARSAL GUARDS

- (work shoes/boots ONLY).....  L  R

#### MEDIAL/LATERAL WEDGES

- Lateral Wedge.....  L  R  
 Medial Wedge.....  L  R  
 Built-in.....  L  R  
 On Sole.....  L  R

#### FLARES

- Lateral Flare.....  L  R  
 Medial Flare.....  L  R  
 Built-in.....  L  R  
 On Sole.....  L  R

#### ELEVATION

(All shoes have a standard 3/4" Heel-Rise-Wedge on Outsole)

- |                                |  |           |           |
|--------------------------------|--|-----------|-----------|
|                                | Heel   | Ball      | Toe       |
| <input type="checkbox"/> Left  | _____ in.  | _____ in. | _____ in. |
| <input type="checkbox"/> Right | _____ in.  | _____ in. | _____ in. |
|                                | <input type="checkbox"/> On linings, before uppers |           |           |
|                                | <input type="checkbox"/> On sole                   |           |           |

#### ROLLED SOFT COLLAR

- .....  L  R

#### WELTS

- Hand sewn  
 Cosmetic false welts

#### SOLING MODIFICATIONS

- Metatarsal bar on sole.....  L  R  
 Base depression, indicate on cast.....  L  R

#### ROCKER SOLES

- |  |                                |                                |   |
|--|--------------------------------|--------------------------------|---|
|  | Mid                            | Forefoot                       | Heel-Toe<br><small>(only on sole)</small> |
| <input type="checkbox"/> Left                            | _____ <input type="checkbox"/> | _____ <input type="checkbox"/> | _____ <input type="checkbox"/>            |
| <input type="checkbox"/> Right                           | _____ <input type="checkbox"/> | _____ <input type="checkbox"/> | _____ <input type="checkbox"/>            |
| <input type="checkbox"/> Built-in (no additional charge) |                                |                                |   |
| <input type="checkbox"/> On Sole                         |                                |                                |   |

#### SHANK

- Heel-to-Toe extended steel shank.....  L  R  
 3/4 Length steel shank.....  L  R

#### HEEL CHOICES

- Wedge (standard on most styles)  
 Separate Rubber Heels (Requires 3/4 Steel Shank)  
 Heels, Unit Body Appearance (Requires 3/4 Steel Shank)

#### SOLING MATERIALS (required)

- |   |  |
|---|--|
| <input type="checkbox"/> Crinkle Tread (standard)   | <input type="checkbox"/> Ribbed/Flexible Crepe                 |
| <input type="checkbox"/> Alpine Lug   | <input type="checkbox"/> Sport Wave                            |
| <input type="checkbox"/> Heavy Duty Rib   | <input type="checkbox"/> Leather                               |
| <input type="checkbox"/> Cherry Sole  | <input type="checkbox"/> Vibram Lug (Requires 3/4 Steel Shank) |
| <input type="checkbox"/> Lug (unit sole - will not fit all feet)<br><small>(Requires 3/4 Steel Shank)</small> |  |

#### SEND OUT SOLE COMPONENTS DETACHED

- L  R

#### TONGUE

- Padded Tongue (not available on Thermacor shoes).....  L  R  
 Bellows Tongue (boot styles ONLY).....  L  R  
 Tack Tongues.....  L  R  
 Lace Loop on Tongue (for lace styles ONLY).....  L  R

#### PULL LOOPS

- .....  L  R

#### WATERPROOF

- .....  L  R

#### T-STRAPS - SINGLE\*\*

- Medial.....  L  R  
 Lateral.....  L  R

#### T-STRAPS - DOUBLE\*\*

- Medial.....  L  R  
 Lateral.....  L  R

#### CALIPER\*\*

- 1/8" x 7/8" Standard.....  L  R  
 1/8" x 7/8" Extended.....  L  R  
 1/8" x 3/4" Standard.....  L  R  
 1/8" x 3/4" Extended.....  L  R

#### SOLID STIRRUP\*\*

- Long tongue stirrup option.....  L  R  
 Free Motion.....  L  R  
 Dorsi Assist.....  L  R  
 Double Action.....  L  R  
 Limited Motion.....  L  R

Specify Manufacturer \_\_\_\_\_

\*\*NOTE: Extra time must be allowed for this addition to footwear

#### SPECIAL FOOTWEAR INSTRUCTIONS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_