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[www.rightwaycms.com](http://www.rightwaycms.com)

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

Custom shoe work order

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

	<b>L</b>	<b>R</b>
Heel*	_____ inch	_____ inch
Ball*	_____	_____
Toe*	_____	_____
Outsole*	_____	Insole* _____
Other:	_____	

**SOLE MODIFICATIONS**

		<b>L</b>	<b>R</b>
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**

	<b>L</b>	<b>R</b>
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 \_\_\_\_\_

