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rightwaycms
custom molded shoes

**CUSTOM SHOE
 WORKORDER**

To serve properly,
 please fill form
 out completely and legibly

COMPANY NAME _____
 Phone _____ Fax _____
 Purchase Order # _____
 Date _____ Account # _____
PRACTITIONER NAME _____

PATIENT NAME _____
 Male ___ Female ___ Age _____ Weight £ _____
 Occupation _____
 Had Rightwaycms before _____ Date _____

SHIP TO: _____
 Address _____
 City _____ State _____ Zip _____

DIAGNOSIS

Diabetic _____	Toes Overlapped _____	L	R
Post Polio _____	Hammered _____	L	R
Amputee _____	Arch No Deformity _____	L	R
Charcot _____	Flexible Deformity _____	L	R
Arthritic _____	Rigid Deformity _____	L	R
Other _____			

CAST MODIFICATION

Correct Cast to 90° _____
 Standard Toe Elongation (3/4) _____
 Extra Toe Elongation (1/4) _____
 High Toe Box _____ Extra High Toe Box _____
 Duplicate Cast* _____ Met-Pad* **L** **R**
 Base Depression* **L** **R**

REMOVABLE CUSTOM MOLDED INSERTS

Standard: 1/4" Pink + 1/4" White Plastazote® _____
 1/4" Pink + 1/8" Poron® + 1/4" White Plastazote®* _____
 Cover* Leather* _____ Spenco®* _____ Poron®* _____
 Extra Inserts 1 pair* _____ 2 pairs** _____
 Build-Up Inserts* _____ **L** **R**
 Other: _____

SHOE STYLE _____ Color _____
 Heavy Duty Leather* _____

OPENING

Regular _____ Semi-Surgical _____ Surgical _____
 Velcro®* 1 _____ 2 _____ Laces _____
 Velcro D-ring Normal Direction (Standard) **L** **R**
 Velcro D-ring Reverse Direction **L** **R**
 Velcro Flat Reverse Direction **L** **R**
 Velcro Flat Normal Direction **L** **R**
 T-Strap* _____ **L** **R**
 Hook* _____ Speed Lace* _____

SPECIAL LINING

B-foam Cushion (standard) _____
 Full Leather* _____
 Plastazote® * _____
 Vamp* _____
 Heel* _____
 "Collar and Tongue come padded Standard Unless"
 Otherwise Noted
 Collar (no padding) _____ Tongue (no padding) _____
 Other: _____

NOTICE: Molded shoes are only as good as the cast received

CONSTRUCTION

Regular (light) _____
Celastic Counters (Standard) _____ Double Counter* _____
Other: _____

SOLING

L W (12 I) _____ Standard (18 I) _____
(24 I)* _____ Heavy Duty Ribbed Soling* _____
Other: _____

SHORT LEG BUILD-UP

L **R**
Heel* _____ Inch _____ Inch
Ball* _____
Toe* _____
Outsole* _____ Insole* _____
Other: _____

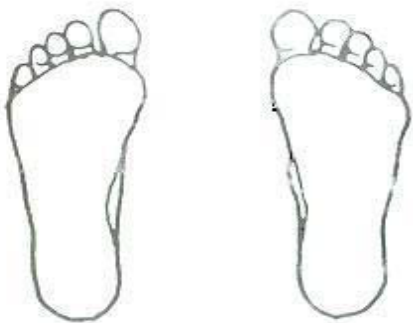
SOLE MODIFICATIONS

Heel Flare* Lateral _____ Medial _____ **L** **R**
Sole Flare* Lateral _____ Medial _____ **L** **R**
Heel Wedge* Lateral _____ Medial _____ **L** **R**
Sole Wedge* Lateral _____ Medial _____ **L** **R**
Wide Base* _____ Rocker sole _____ Rocker Heel _____
Other: _____

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)

EXTERNAL ADDITIONS

Toe Filler* **L** **R**
To Match (length) **L** **R**
Short **L** **R**
Steel Shank* **L** **R**
7/8" Caliper Plate* **L** **R**
Metatarsal Bar* **L** **R**
Reinforce for Brace **L** **R**
Other: _____

* THERE IS AN ADDITIONAL CHARGE FOR THIS MODIFICATION.

PLEASE SEE PRICE LIST.

THE BASIC INFORMATION REQUIRED OR YOU MAY INCUR EXTRA COST AND DELAYS

SEND LITERATURE _____ **ORDER FORMS** _____