

Name: Rightway Custom Molded Shoes
Address: 3845 Investment Lane, Suite 3
City: Riviera Beach
State: FL
Postcode: 33404
Phone: (561) 840-6792
Fax: (561) 840-6799



COMPANY NAME: _____

Phone: _____ Fax: _____

Purchase Order # _____

Date: _____ Account # _____

PATIENT NAME: _____

Male _____ Female _____ Age _____ Weight _____

Occupation: _____

Had Rightwaycms before _____ Date _____

CAST MODIFICATION

Correct to Neutral _____

Fixed in Varus _____

Fixed in Valgus _____

Post in forefoot _____

Cut out Heel _____

AFO STYLE _____ Color _____

Standard 5" above Ankle _____

Tall 9" above Ankle _____

Full Calf Height _____

Velcro D-ring Normal Direction _____

Velcro Flat Normal Direction _____

Comboof those Selected _____

SpeedLace* _____

Hook* _____

Laces _____

SHIP TO: _____

Address _____

City _____ State _____ Zip. _____

DIAGNOSIS

Degenerative Joint Disease (DID) _____

Posterior Tibialis Tendon Dysfunction (PTTD) _____

Charcotfoot _____

Trauma _____

Other _____

REMOVABLE CUSTOM MOLDED INSERTS

1/4" Pink + 1/8" Poron® + 1/4" Microcell®* _____

Cover Leather* _____

Other: _____

SPECIAL LINING

Standard Glove Leather* _____

Extra Padding _____ Specify Area _____

Special Requirements: _____
