

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



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	<input type="radio"/> L	<input type="radio"/> R
Post Polio	Hammered	<input type="radio"/> L	<input type="radio"/> R
Amputee	Arch No Deformity	<input type="radio"/> L	<input type="radio"/> R
Charcot	Flexible Deformity	<input type="radio"/> L	<input type="radio"/> R
Arthritic	Rigid Deformity	<input type="radio"/> L	<input type="radio"/> R
Other			

CAST MODIFICATION

Correct Cast to 90°

Standard Toe Elongation ($\frac{3}{4}$)

Extra Toe Elongation ($\frac{1}{4}$)

High Toe Box Extra High Toe Box

Duplicate Cast* Met-Pad* ☐ L ☐ R

Base Depression* ☐ L ☐ R

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*

REMOVABLE CUSTOM MOLDED INSERTS

Standard: $\frac{1}{4}$ " Pink + $\frac{1}{4}$ " White Plastazote®

$\frac{1}{4}$ " Pink + $\frac{1}{8}$ " Poron® + $\frac{1}{4}$ " White Plastazote®*

Cover* Leather* Spenco®* Poron®*

Extra Inserts 1 pair* 2 pairs**

Build-Up Inserts* ☐ L ☐ R

Other:

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

SEND LITERATURE _____ **ORDER FORMS** _____