

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



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 _____

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

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* _____

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 _____

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: _____

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 l) _____ Standard (18 l) _____

(24 l)* _____ Heavy Duty Ribbed Soling* _____

Other: _____

SHORT LEG BUILD-UP

L

R

Heel* _____ 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 _____