CUSTOM SHOE WORK ORDER

To serve properly, please fill form out completely and legibly

Rightway CMS
custom molded shoes

DATE _____

PO # _____

RW ORDER # _____

Post-filled — for Rightway internal use only

3845 Investment Ln. Suite 3,
West Palm Beach, FL 33404
TEL: (561) 840-6792 ,
FAX: (561) 840-6799
sales@rightwaycms.com

PATIENT

Patient Name _____

No. of pairs* _____ Le Only: _____ Right Only: _____ Age: _____ Weight: _____

Had Rightway CMS before _____

If yes Order Date/ PO NO# _____

Diagnosis:

BILL TO

Company Name _____

Address _____

City _____ State _____ Zip _____

Prac oner Name: _____ Phone Number: _____

SHIP TO

☐ *Same as billing address*

Company Name _____ A e: _____

Address _____

City _____ State _____ Zip _____

CAST MODIFICATION

☐ **Correct Cast to 90°**

Elongation: ☐ Regular ¾" ☐ Extra (¾"+¼") ☐ Other length _____

Toe Box : ☐ High ☐ Extra High

Toe Match: ☐ Le ☐ Right

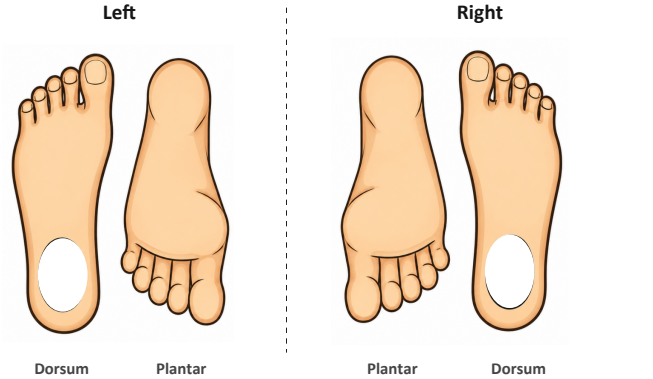
Casted over AFO: ☐ Le ☐ Right

Casted over Prosthe c : ☐ Le ☐ Right Prosthe c Length _____ cm

Base Depression / Offload*: ☐ Le ☐ Right

Please mark the weight-offloading areas on the diagram below.

PLEASE MARK AREAS OF SPECIAL ATTENTION / OFFLOADING / AMPUTATION ON THE DIAGRAM BELOW



Instructions:

REMOVABLE CUSTOM MOLDED INSERTS

Material: ☐ (Standard) ¼" Pink + ¼" White

☐ ¼" Pink + ⅛" PPT + ¼" White*

☐ Spacer ¼" White (Removable)*

Top Cover*: ☐ Leather ☐ Spenco® ☐ Poron® ☐ Other _____

Extra Insert*: ☐ 1 pair ☐ 2 pairs ☐ Other Quantity _____

☐ Flange*	Left	Right
	☐ Medial ☐ Lateral	☐ Medial ☐ Lateral

☐ Wedge*	Left	Right
	☐ Medial ☐ Lateral	☐ Medial ☐ Lateral

☐ Insole Build-Up*	Left - Inch	Right - Inch
Heel		
Ball		
Toe		

☐ **Toe filler*** (Mark on diagram) ☐ Trans-Met ☐ Digits Only ☐ Left 1 2 3 4 5 ☐ Right 1 2 3 4 5

☐ **Met Pad*** ☐ **Met Bar***

Instructions:

SHOE STYLE — OPENING & LACING

Style _____ Colour _____

Any combina on of the op ons below may be selected

Opening: ☐ Regular ☐ Semi-Surgical ☐ Surgical

☐ **Velcro®:** ☐ 1 ☐ 2 ☐ 3*

D-Ring: ☐ Standard Direc on ☐ Reverse Direc on

Flat: ☐ Normal Direc on ☐ Reverse Direc on

☐ **Laces:**

If it is a combina on of the op ons below, please select all that apply and specify the quan ty and placement of each

☐ _____ Standard Eyelets

☐ _____ Speed Lace*

☐ _____ Hooks*

Additional Items*: ☐ Back Pull Loops* ☐ Tongue Loops*

LINING

☐ B-foam Cushion (Standard) ☐ Full Leather* ☐ Plastazote®*

T-STRAP*

☐ Provide ☐ Provide & attach	Left	Right
	☐ Medial ☐ Lateral	☐ Medial ☐ Lateral

Instructions:

CUSTOM SHOE WORK ORDER

To serve properly, please fill form out completely and legibly

CONSTRUCTION (Standard unless otherwise specified below)

	Le	Right
☐ Standard Single Counter	☐	☐
☐ Reinforced / Double Extended Counters*	☐	☐
☐ Steel Shank*	☐	☐
☐ Reinforce for Brace*	☐	☐
☐ Composite/ Steel Toe*	☐	☐
☐ A ach S rrup*	☐	☐
☐ 7/8" Caliper Plate*	☐	☐
☐ Fabricate Double Upright / Conven onal AFO*	☐	☐

Instructions:

SOLE MODIFICATION*

	Left	Right
☐ **Heel Flare***	☐ Medial ☐ Lateral	☐ Medial ☐ Lateral
☐ **Sole Flare***	☐ Medial ☐ Lateral	☐ Medial ☐ Lateral
☐ **Heel Wedge***	☐ Medial ☐ Lateral	☐ Medial ☐ Lateral
☐ **Sole Wedge***	☐ Medial ☐ Lateral	☐ Medial ☐ Lateral

☐ Forefoot Rocker Sole (standard)

☐ Heel-to-Toe Rocker

☐ Rocker Heel*

☐ Wide Base*

Instructions:

*Would you like **Rightway CMS Support Team** to contact you regarding this order?* ☐ **Yes** ☐ **No**

RW ORDER

Post-filled — for Rightway internal use only

OUTSOLE BUILD-UP*

☐ Build-Up*	Left - Inch	Right - Inch
Heel		
Ball		
Toe		

SOLING

☐ Standard (18 Iron)

Heavy Duty*:

☐ Silvano ☐ Elvis

☐ L.W. Mini-Rib ☐ Lug (Boot Tread)

☐ Slip Resistant

☐ Leave Outsole Off

☐ Leave Crepe and Outsole Off

Brace Add-Ons: (Please fillout separate form for Brace)

☐ Leather Gauntlet ☐ Rightway Neuro Boot

☐ Plas c AFO Boot ☐ Crow Boot

☐ Other:

Instructions

ORDERING INFORMATION

* There is an additional charge for modifications marked with an asterisk — please see the price list.

The basic information above is required, or you may incur extra c ost and delays.

☐ Send Literature ☐ Order Forms

Rightway CMS
custom molded shoes

RIGHTWAY CMS - FOOT TRACING FORM

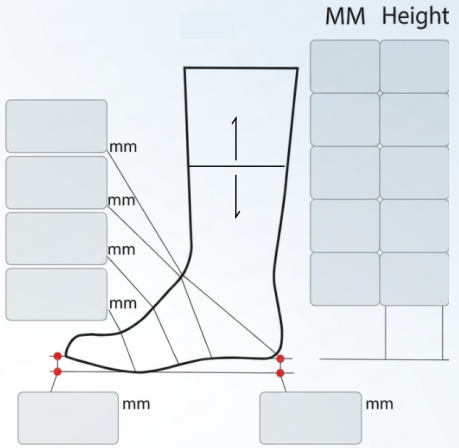
Print this form at 100% Actual Size. Do not select "Fit to Page" or "Scale to Fit" when printing.

sales@rightwaycms.com (561) 840-6792

Patient Name:

Dimensions*

Please provide circumference



0 cm 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

Rightway CMS
custom molded shoes

RIGHTWAY CMS - FOOT TRACING FORM

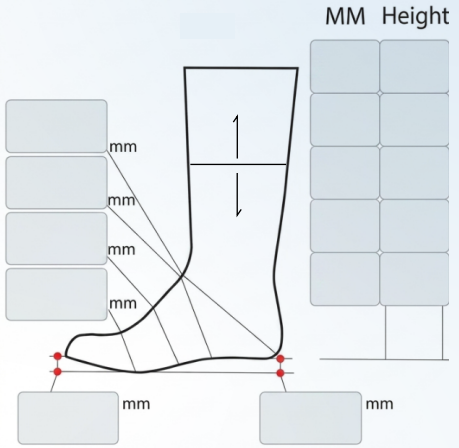
Print this form at 100% Actual Size. Do not select "Fit to Page" or "Scale to Fit" when printing.

sales@rightwaycms.com (561) 840-6792

Patient Name:

Dimensions*

Please provide circumference



0 cm 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27