Rightway CMS
custom molded shoes

3845 Investment Ln. Suite 3,
West Palm Beach,
FL 33404
TEL: (561) 840-6792 ,
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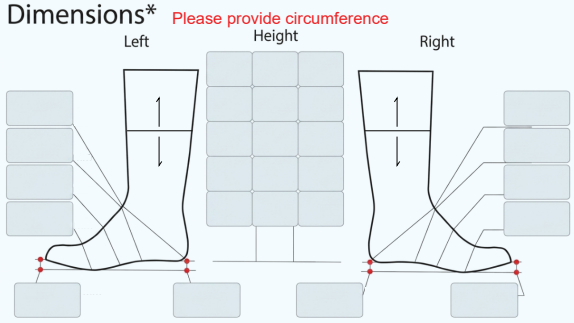
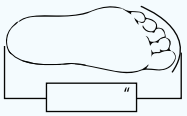
Measurements

- Please cast the patient to approximately one inch (1.0") above desired brace height.

Dimensions* Please provide circumference



Indicate Location for Reliefs



☐ CM ☐ IN ☐ MM

PATIENT NAME

☐ Male ☐ Female Age Shoe Size:

Diagnosis:

Had Rightway CMS Before Date

If yes Order Date/ PO NO#

BILL TO:

Company Name:

Address:

City: State: Zip:

Phone: Fax:

Practitioner Name: PO Number:

SHIP TO: ☐ Same As Billing

Company Name:

Address:

City: State: Zip:

Phone: Fax:

E-Mail:

No. of pairs*

Or Left Only: / Right Only:

☐ Rightway Neuro Boot

COLOR _____

☐ Rightway Chopart Leather Gauntlet

COLOR _____

Cast Modification

Special Instructions: Default correction is set to 90°on a 3/8" footboard.

☐ Correct to 90° to the floor ☐ Correct Forefoot to Neutral

☐ Correct Ankle Varus / Valgus ☐ Leave cast exactly as is

Removable Custom Molded Inserts

Material: ☐ ¼" Pink + ⅛" PPT + ¼" White

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

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

☐ **Met Pad*** ☐ **Met Bar***

*Please note, all AFO Boots come with one custom insert per device.

Closure Type

☐ Velcro D-ring: ☐ Normal Direction ☐ Reverse Direction

☐ Velcro Flat: ☐ Normal Direction ☐ Reverse Direction

☐ Combo of those Selected

☐ SpeedLace*

☐ Hook*

☐ Laces

☐ Special Instruction _____

Additional Charge options:

☐ Custom molded shoe for _____ side.

Style: ☐ Low-top ☐ Chukka (3" above ankle)

☐ High-top (6-8" above ankle)

☐ Match Height of AFO Boot

Custom Height: (From Planter Surface) _____

Height*

☐ 9" Above Ankle

☐ Full Calf Height (1" below febural head)

☐ Custom _____

☐ Padded Collar*

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

SPECIAL INSTRUCTIONS