

KINGS ORTHO SOLUTION INC.

1674 WEST 13TH STREET BROOKLYN, NY 11223

PHONE/FAX: 718-676-6306

CUSTOM MOLDED SHOES WORK ORDER FORM

ACCOUNT INFORMATION	PATIENT INFORMATION																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Company / Doctor Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; text-align: center;">Shipping Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">Zip</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Phone Number</td> <td colspan="2" style="border-bottom: 1px solid black;">/ Fax</td> </tr> </table>	Company / Doctor Name	Date	Shipping Address		City	State	Zip	Phone Number	/ Fax		<table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Name</td> </tr> <tr> <td>Activity Level: ___ Non Ambulatory</td> </tr> <tr> <td> ___ Low/Transfer</td> </tr> <tr> <td> ___ Medium</td> </tr> <tr> <td> ___ High/active</td> </tr> <tr> <td> ___ Currently Wearing Custom Shoes</td> </tr> <tr> <td>Height _____</td> </tr> <tr> <td>Weight _____</td> </tr> </table>	Name	Activity Level: ___ Non Ambulatory	___ Low/Transfer	___ Medium	___ High/active	___ Currently Wearing Custom Shoes	Height _____	Weight _____
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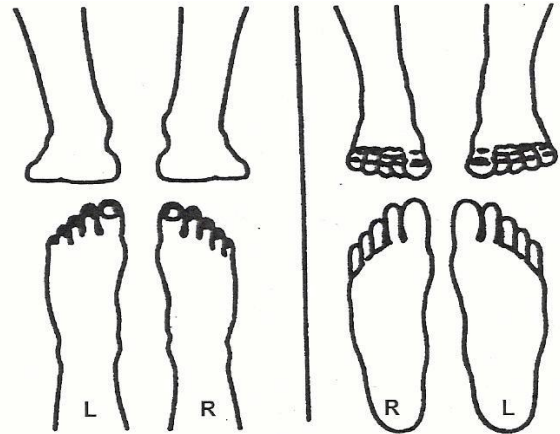
Diabetic: ___ Yes ___ No

Rx / Diagnosis: _____

MARK AREAS OF SPECIAL ATTENTION ON THE PICTURES BELOW AND ON THE CAST

FOOT STRUCTURE	L	R
Normal		
Flaccid		
Rigid		
ARCH TYPE	L	R
Normal		
Low		
High		
WEIGHT BEARING TOE POSITION	L	R
Normal		
Turned - Up		
Turned - Down		
Overlap or Hammered		
NON - WEIGHT BEARING TOE POSITION	L	R
Normal		
Turned - Up		
Turned - Down		
Overlap or Hammered		

PLEASE MARK AREAS TO BE RELIEVED OR DEPRESSED



SHOES STYLE

LEATHER COLOR _____

	Low Top	<i>below the ankle</i>
	Chukka	<i>just above the ankle for more support & control</i>
	High Top	<i>approx. 2" above the ankle or specify in inches</i>
	Semi-Surgical Opening	
	Surgical Opening	
	Lace Closure	
	Velcro Closure	<i>according to opening size</i>
	Strap & Buckle	
	Speed Laces	<i>group of 3 pairs on top or specify</i>
	Hooks	<i>group of 3 pairs on top or specify</i>
	Soft Foam Padded Collar	<i>minimize edge pressure and increase comfort</i>
	Soft Foam Padded Tongue	<i>enhance comfort</i>

CAST MODIFICATION

L R

Match Front Of The Shoes	<i>make both alike if possible</i>		
Amputation On The Cast (<i>no amp., filler / suggest in inches</i>)	Make Shorter Same		
Standard 3/4" Toe Elongation	<i>check box for extra 1/4" or specify</i>		
Standard 1/8" Height Toe Box	<i>check box for extra 1/8" or specify</i>		
Depress As Marked (<i>on cast or tracing</i>)			
Snug Heels			

REMOVABLE INSERTS

All pairs of custom molded shoes include 1/4" Pink Plastazote + 1/4" White Plastazote + 3/16" Microcell Puff

L R

Other		
EXTRA Pairs of Inserts	One Pair Two Pairs	

AMPUTATION FILLER

Built ON The Removable Insert	<i>easy to modify and adjust</i>		
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SPECIAL LINING

L R

Full Pink Plastazote	<i>soft, low friction, non allergic and washable</i>		
Full Fleece	<i>soft & warm</i>		

SOLING

L R

Light Weight		
Regular Weight		
Heavy Duty Weight		
Unit		
Rocker		

L R

Wedge		
Extra Firm Mid-Sole Layer		
Steel Shank 1/2" Full Length		
Leave The Sole Off		
Special / <i>see price list for options</i>		

EXTRA PLATFORM RAISE

L R

Heel		
Ball		
Toe		

BASE MODIFICATIONS

L R

Lateral Flare		
Medial Flare		
Wide Base		
Lateral Wedge		
Medial Wedge		

REINFORCED HEEL COUNTERS

L R

Lateral		
Medial		

SAFETY TOE BOX

L R

Custom Molded Thermoplastic Composite		
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SPECIAL INSTRUCTIONS:

SEND _____ CATALOGS	SEND _____ ORDER FORMS
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