

"Our only goal is your satisfaction"



"Leading the way in prescription footwear"

Please! Fill this form completely

TRU-MOLD SHOES, INC.

42 Breckenridge Street • Buffalo, NY 14213
(716) 881-4484 • Fax (716) 881-0406

info@trumold.com

SHIPPING:

Two Day Ground Overnight

COMPANY NAME

Date

P.O.# Phone

ORDERED BY

Fax # E mail

CAST MODIFICATION

Reg. Elongation (5/8") 1/8" Extra (5/8" + 1/8")

High Toe Box Extra High Toe Box

Other

SHIP TO

Address

City State Zip

BILL TO

Address

City State Zip

Patient Name

Address

City State Zip

Sex Weight Age

Occupation

Had Tru-Mold Shoes before (Approx. Date) Invoice CAD/CAM Number

Repeat CAD/CAM order as before; no changes

Repeat CAD/CAM order but with the following changes shown on order form

Rx. DIAGNOSIS

Diabetic Post Polio Amputee (where):

Club Foot Charcot

Casted over AFO: LF RF Arthritic

Casted Prosthetic Foot: LF RF

Other

Style Color

Regular Opening Wide Vent

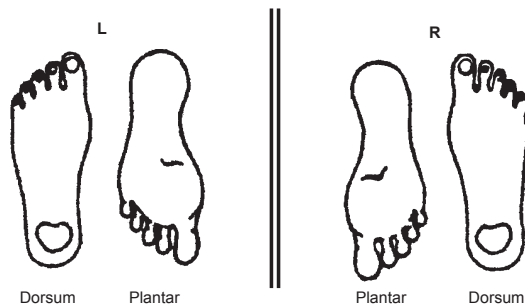
Semi-Surgical Scalloped Heel

Surgical

Other

INDICATE ANY LESIONS

(I.E. AMPUTATIONS OR ULCERATIONS)



PLASTAZOTE MOLDED INSERT

One Pair Two Pairs Three Pairs

1/4" Pink + 1/4" White* 1/4" Poron bottom

1/2" White (firm) Thermocork

1/4" White (firm) Spenco Cover

1/2" Pink (soft) Leather Cover

1/4" Pink (soft) Met Pads

1/8" Poron middle Other

1/8" Poron bottom

Recess insert and base of shoe

LINING

Regular (full leather) Flannel Fleece

Spenco Heel Vamp

Plastazote Heel Vamp

Tan Athletic Black Athletic

Other

TECHNICAL ASSISTANCE 1-800- "THE MOLD" (next page please)

CONSTRUCTION

Regular _____ Reinforce Counters _____
Heavy Duty _____

SHORT LIMB RAISE

	L	R
Heel	_____	_____
Ball	_____	_____
Toe	_____	_____
Raise inside shoe covered with leather	_____	
Raise outside shoe with soling	_____	
Other	_____	

BASE MODIFICATIONS

	L	R
Lateral Flare	_____	_____
Medial Flare	_____	_____
Lateral Wedge	_____	_____
Medial Wedge	_____	_____
Wide Base	_____	_____
Reinforced for Brace	_____	_____
Other	_____	

EXTERNAL ADDITIONS

	L	R
Amputation filler – match shape and length	_____	_____
No amputation filler	_____	_____
Steel shank 3/4 length	_____	_____
Steel shank full length	_____	_____
Attach Tru-Mold's caliper plate	_____	_____
Attach customer's caliper plate/stirrup	_____	_____
Thermo Plastic toe cap	_____	_____
Other	_____	

SOLING

Standard (15 Iron) _____ Mini Rib _____ Silvano _____
 Heavy Duty Work _____ Infinity _____ Lug _____
 Rockersole Forefoot L _____ R _____ Rockersole Heel to Toe L _____ R _____
 Leave outside wedge and final outsole off L _____ R _____
 Leave final outsole off L _____ R _____
 Other _____

UPPERS

Lace	_____	Speed-lace (top 3 eyelets)	_____
Velcro Strap	_____	Ortho-lace (combination lace/velcro)	_____
Velcro D-Ring	_____	Medial T-strap	L _____ R _____
Perforate Arch	_____	Lateral T-strap	L _____ R _____
Perforate Top	_____	Attach T-strap	yes ___ no _____
Other	_____		

Special "Foot Notes"

"MOLDED SHOES ARE ONLY AS GOOD AS THE CASTS RECEIVED"