

VERY IMPORTANT

Please provide a weight-bearing tracing of your patient on the inside pages of this order form.

TRU-MOLD SHOES

Orthopedic Shoes - Custom Designed Since 1955

42 Breckenridge St. Buffalo, NY 14213
(716) 881-4484 | Fax (716) 881-0406

info@trumold.com

SHIPPING:

Two Day Ground Overnight

Please Fill this form completely

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 _____

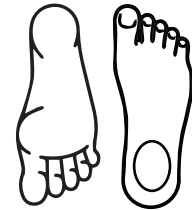
City _____ State _____ Zip _____

INDICATE ANY LESIONS

(I.E. AMPUTATIONS OR ULCERATIONS)



Dorsum Plantar



Plantar Dorsum

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 # _____

Repeat CAD/CAM order as before, no changes _____

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

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) _____ Mat Pads _____

1/8" Poron Middle _____ Other _____

1/8" Poron Bottom _____

Recess insert and base of shoe

Rx. DIAGNOSIS

Diabetic _____ Post Polio _____ Amputee (where): _____

Club Foot _____ Charcot _____

Casted over AFO: LF _____ RF _____ Arthritic _____

Casted Prosthetic Foot LF _____ RF _____

Other _____

LINING

Regular (full leather) _____ Flannel _____

Spenco® Heel _____ Vamp _____

Plastazote® Heel _____ Vamp _____

Tan Athletic _____ Black Athletic _____

Other _____ Fleece _____

Style _____ Color _____

Regular Opening _____ Wide Vent _____

Semi-Surgical _____ Scalloped Heel _____

Surgical _____

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

Special "Foot Notes"

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

WEIGHT-BEARING TRACINGS

(Hold pencil vertically when tracing)

Left Heel

Right Heel