

**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 \_\_\_\_\_

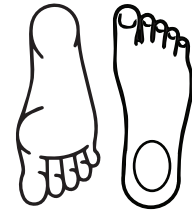
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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) \_\_\_\_\_ Met 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"

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

# WEIGHT-BEARING TRACINGS

(Hold pencil vertically when tracing)

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Left Heel

Right Heel