

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

HANGER CLINIC

Date _____ Clinic PCC # _____

P.O.# _____ Phone (MANDATORY) _____

ORDERED BY _____

Fax # _____ HD User E mail (MANDATORY) _____

•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 _____

CAST MODIFICATION

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

High Toe Box _____ Extra High Toe Box _____

Other _____

STYLE

Barcelona _____ Paris _____ Capri _____ Liberty _____

Flyer 5" _____ Flyer 4" _____ Other: _____

Color _____

Regular Opening _____ Wide Vent _____

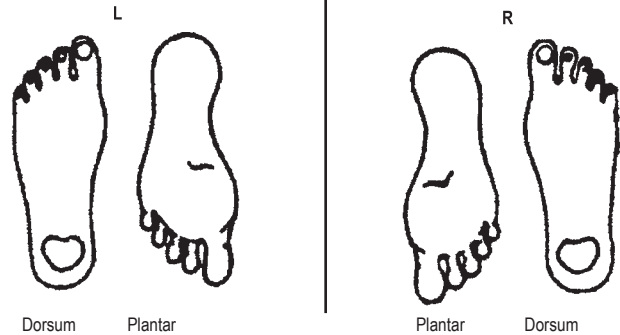
Semi-Surgical _____ Scalloped Heel _____

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

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	_____	

LINING

Regular (full leather) _____ Flannel _____ Fleece _____
 Spenco® Heel _____ Vamp _____
 Plastazote® Heel _____ Vamp _____
 Tan Athletic _____ Black Athletic _____
 Other _____

EXTERNAL ADDITIONS

	L	R
Amputation filler to match	_____	_____
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