

NOTE: Please mail orders to 175 Park Street, Livermore Falls ME 04254. Please email digital files to ptolcadcam@gmail.com. Also, please fill out order form **completely**. Failure to do so may result in production delays. If you have any questions or need technical support, call us at (207) 897-5558 **before shipping your casts** or sending your digital files. **Tracings of both feet must be included with your order form** for shoes to qualify for our fit guarantee.

ORDER ID INFORMATION

Account #: _____ Date: _____

Patient Name: _____

Account Name: _____

Gender: M or F Weight: _____

Practitioner Name: _____

Activity Level: Low Medium High

Address: _____

Primary Reason for Shoe: _____

UPPER SELECTION



Athletic Shoe

Leather and Mesh

- ☐ Lace
☐ 2 Velcro w/D-ring
☐ Other _____



Athletic Shoe

Leather only

- ☐ Lace
☐ 2 Velcro w/D-ring
☐ Other _____



Casual Oxford

Leather only

- ☐ Lace
☐ 2 Velcro w/D-ring
☐ Other _____



Hi Top Athletic Shoe

Leather and Mesh

- ☐ Lace
☐ 3 Velcro w/D-ring
☐ Other _____



Hi Top Athletic Shoe

Leather only

- ☐ Lace
☐ 3 Velcro w/D-ring
☐ Other _____



Leather Chukka Boot

Leather only

- ☐ Lace
☐ 3 Velcro w/D-ring
☐ Lace w/boot hooks
☐ Other _____



Premium Leather Boot

Leather only

- ☐ Lace
☐ 3 Velcro w/D-ring
☐ Lace w/boot hooks
☐ Other _____

CASTING AND MODIFICATION

Patient is rigid - Do not Correct

☐ Left ☐ Right

Correct ankle to 90° Anterior/Posterior

☐ Left ☐ Right

Correct ankle to 90° Medial/Lateral

☐ Left ☐ Right

Correct Forefoot to Neutral via plaster mod

☐ Left ☐ Right

Correct Forefoot to Neutral via forefoot posting

☐ Left ☐ Right

Use standard elongation (5/8") for toebox

☐ Left ☐ Right

If not, please specify requested elongation

Left _____ Right _____

Use standard toe box height (5/8")

☐ Left ☐ Right

If not, please specify requested toebox height

Left _____ Right _____

Additional Comments: _____

UPPER MATERIAL SELECTION

Lightweight Leathers

☐ Black ☐ Brown ☐ White ☐ Taupe ☐ Bone ☐ Light Tan ☐ Blue ☐ Pink

Durable Wear Leathers

☐ Black ☐ Brown ☐ White ☐ Tan

Dri-Lex™ Mesh

☐ Black ☐ Gray ☐ Silver ☐ Combat Tan

MIDSOLE SELECTION

☐ **Slimline** - Our most lightweight midsole - less 1/4". Great for low to medium activity or transfers.

☐ **Athletic** - About 3/4" at the heel and 1/2" at the ball. Good for medium to high activity lifestyles needing more durability and extending the life of the shoe.

☐ **Dynamic Motion Stability System** - Designed with a higher durometer EVA to reduce pronation or supination throughout the shoe's life. **Additional charges apply.*

☐ Reduce pronation ☐ Reduce supination

☐ **Rocker Platform** - EVA balanced at 1" from heel to toe creating a firm midsole and taking out unwanted flex in the shoe. **Additional charges apply.*

☐ Heel to Toe Rocker ☐ Forefoot Rocker only

MIDSOLE MODIFICATIONS **additional charges apply*

☐ Lateral Flare
☐ Left ☐ Right

☐ Extended shank
☐ Left ☐ Right

☐ Lift
☐ Left ☐ Right

Other Instructions:

☐ Medial Flare
☐ Left ☐ Right

☐ Lateral Wedge
☐ Left ☐ Right

_____ " at heel

☐ Lateral Stabilizer
☐ Left ☐ Right

_____ ° _____ °

_____ " at ball

☐ Medial Stabilizer
☐ Left ☐ Right

☐ Medial Wedge
☐ Left ☐ Right

_____ " at toe

_____ ° _____ °

OUTERSOLE SELECTION

Lightweight Sole Options

- ☐ Black EVA Sheet Sole
- ☐ Brown EVA Sheet Sole
- ☐ White EVA Sheet Sole



- ☐ 1/8" Black Rubber Sole
Soletech SPM50



- ☐ Black EVA/Rubber Unit Sole
1/2" heel height

Mediumweight Options

- ☐ Black Vibram Cherry Sheet Sole
- ☐ Soletech Commercial Grade slip-resistant Sheet Sole*



- ☐ Vibram Elvis White Rubber*



- ☐ Vibram Elvis Black Rubber*



- ☐ Vibram Ketterlift Lug Sole*
- *Additional charges apply.*

Heavyweight Options

- ☐ Black Herringbone Sheet Sole
- ☐ White Herringbone Sheet Sole



- ☐ Heavy-duty Rubber Lug
Soletech SPM71

NOTE: If sole selected is too narrow to be used on the custom shoe ordered, it will be replaced by sheet soling in the same weight class.

FOOT ORTHOTIC SELECTION

- ☐ **A5513 Custom Diabetic Inserts** - Medicare Therapeutic Shoe Program

_____ total pairs wanted (**Note:** 1st pair is included in price)

Toe Filler ☐ Left ☐ Right • Partial Foot Filler ☐ Left ☐ Right

- ☐ **Custom Foot Orthotics** - Please describe materials requested below. **Additional charges apply.*

_____ total pairs wanted

Top Cover _____ (Eg. 1/8" EVA)

2nd Layer _____ (Eg. 1/16" Poron)

3rd Layer _____ (*If desired*)

Base Layer _____ (Eg. 1/4" balanced to mets)

Special Instructions: _____
