Advanced O & P SOLUTIONS

Shoe Work Order Form

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PATIENT INFORMATION

Today's Date: **Due Date:**

Patient Name:

Patient ID#:

Total Number of Shoes: Shoe Size:

☐ Left ☐ Right

Account #:

Facility:

Bill To:

P.O. #:

Practitioner:

Ship To:

☐ Ground ☐ 2 Day ☐ Next Day

SHOE WORK ORDER DESCRIPTION

① Lift: ☐ N/A

☐ Left ☐ Right
☐ Bilateral ☐ Add lift to bottom
☐ Cut sole apart

Heel Lift _____ Sole Lift _____

☐ Topy ☐ Vibram ☐ H.D.

② Rocker: ☐ N/A

☐ Left ☐ Right
☐ Bilateral ☐ Heel & Toe
☐ Forefoot ☐ Rocker Removal

Mild (Add up to 1/4 crepe then grind In rocker) _____

Standard (Add up to 3/8 crepe then grind rocker) _____

Severe (Add up to 1/2 crepe then grind rocker) _____

③ Flare: ☐ N/A

☐ Left ☐ Right
☐ Bilateral

Width: _____

☐ Heel Only ☐ Sole Only
☐ Heel & Sole

☐ Medial ☐ Lateral
☐ Flare Removal

④ Wedge: ☐ N/A

☐ Left ☐ Right
☐ Bilateral

Width: _____

☐ Heel Only ☐ Sole Only
☐ Heel & Sole

☐ Medial ☐ Lateral

⑤ Shank: ☐ N/A

☐ Left ☐ Right
☐ Bilateral ☐ Extend
☐ Short ☐ Removal

⑥ Velcro Closure: ☐ N/A

☐ Left ☐ Right
☐ Bilateral

Speed Lace Install: ☐ L ☐ R ☐ B

☐ Loop Medial ☐ Loop Lateral
☐ Medial ☐ Bilateral

⑦ Sole & Heel: ☐ N/A

Re Sole:

☐ Left ☐ Right
☐ Bilateral

Re Heel:

☐ Left ☐ Right
☐ Bilateral

ADDITIONAL INSTRUCTIONS: