Print Form

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CUSTOM ORTHOTIC SANDAL ORDER FORM

Date: Practitioner:_____ Phone:

Billing Address: Shipping Address (if different):

Patient:_____ _____ Medical Rec. # _____
Last First

Gender: ☐Male ☐Female Age: ____ Weight: _____ Height:_____ Common Shoe Size:_____

(Lab use only)
Invoice #:_____
Ship Date: _____
IBS: $ _____
Cor. by: _____
L ___ R ___ Negative
L ___ R ___ Positive
L ___ R ___ Orthoses
L ___ R ___ Shoes
File # _____

I. Sandal information per catalogue (please fill out completely)

	Style #	Name	Color #	Color	Size*
1					
2					
3					

*Adult size conversion chart (*for half sizes, use next size up*)

Men's						7	8	9	10	11	12	13	14	15	16
Women's	4	5	6	7	8	9	10	11	12	13					
European	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49

The Naot Scandinavian, Floral, Cosmopolitan and Vista collections have similar foot beds. Sandal Orthotics made for these collections are interchangeable. No other collections are interchangeable.

Width chart (Naot Only)

Collection	B width	C width	D width
	Scandinavian, Floral, Cosmopolitan, Vista, Walker	Allegro	Campus, Men's Scandinavian

Returns / exchanges are subject to a restocking fee.

II. Orthoses

Orthotic device:

☐ Sandal only (no orthotic)
☐ Standard Sandal Orthotic
☐ Sandal Orthotic with the following options

Custom orthotic sandals come standard with Root Sandal Orthotics. Specifications: semi-rigid polypropylene shell (patient weight required), vertical heel bisection, intrinsic forefoot correction, 0/0 extrinsic rearfoot post, heel cup and anterior width custom fit to shoe, full-length EVA top cover and extension. Root Sandal Orthotics are direct milled or vacuum formed CAD/CAM devices. Casts will not be returned with order. Additional charges may apply for non-standard options such as those listed below, see custom orthotic price list for pricing.

Shell material:

Polypropylene (optional thickness)
☐1/8 ☐5/32 ☐3/16 ☐1/4

Graphite composite (TL-2100)
☐.070" Semi-flexible ☐.110" Rigid
☐.090" Semi-rigid ☐.110" Ultra Strength

Fiberglass Composite (TL-Silver)
☐.085" Semi-rigid ☐.110" Rigid

Rearfoot post material:

☐No rearfoot posts
☐Crepe
☐Birkocork™
☐Polypropylene

Cast modifications:

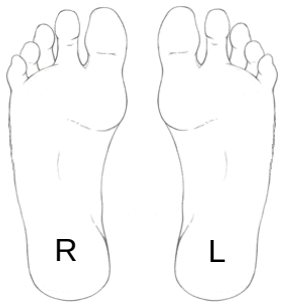
L____R____ Plantar fascia accom. (mm)
L____R____ Add. lat. heel expansion (mm)
L____R____ Medial heel skive (mm)

Additions (please mark location on cast & diagram):

☐Padded Suede top cover
☐L☐R Morton's extension (1/8" Korex)
☐L☐R Rev. Morton's extension (1/8" Korex)
☐L☐R Metatarsal pad
☐L☐R Heel pad (Poron): ☐1/16" ☐1/8"
☐L☐R Horseshoe pad
☐L☐R Neuroma pad (mark interspace below)
☐L☐R Sweet spot (mark location below)
☐L☐R EVA bottom fill
☐L☐R Medial arch reinf.: ☐Korex ☐EVA

Please send more: ☐Order forms ☐Address labels ☐Prepaid labels ☐Small boxes ☐Large boxes

Diagnosis / comments:



Practitioner's Signature (required): X_____

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