ACOR®
Acor Orthopaedic, Inc.
18530 South Miles Parkway
Cleveland, Ohio 44128
ph: 800-237-2267 *(select option 1)*
fax: 800-830-8445
email: customshoe@acor.com

FOR INTERNAL USE ONLY: Work Order Number: _____

CUSTOM ORTHOTIC ORDER FORM

Ship to: _____
Address: _____
_____
_____
City: _____
State: _____ Zip: _____
Phone: _____
Fax: _____
Email: _____

Bill to: _____
Address: _____
_____
_____
City: _____
State: _____ Zip: _____
Phone: _____
Fax: _____
Email: _____

Choose a Shipping Method:

FedEx	UPS
☐ 1 Day	☐ 1 Day
☐ 2 Day	☐ 2 Day
☐ Ground	☐ Ground

Requested Ship Date: _____
Purchase Order No.: _____
Customer No: _____

About the Patient:

Name: _____
Age ___ Weight: _____ lbs. ☐ Male ☐ Female
Worn Acor Custom Orthotics before? ☐Yes ☐No
If so, Date: _____
Activity Level: ☐1 ☐2 ☐3 ☐4
Diagnosis: _____
_____
_____

If not ordering shoes, please supply the following information:
Manufacturer: _____
Size: _____ Width: _____ Toe Shape: ☐Oblique ☐Standard

CUSTOM FUNCTIONAL ORTHOTICS

ITEM	DESCRIPTION	QTY in PAIRS
CBSO-01	Black Fabric NeoSponge™ + Copoly+ White Microcel Puff® Firm 55 dur + Cordura	____
CBSO-03	Black Fabric NeoSponge™ + Polypro + White Microcel Puff® Firm 55 dur + Cordura	____
SPRT-CO3	X-Static® lined NeoSponge™ + Copoly + Firm Microcel Puff® Post + Cordura + DuraSOLE	____
WORK-CO3	X-Static® lined NeoSponge™ + Polypro + Firm Microcel Puff® Post + Cordura + DuraSOLE	____
SPRT-CO6	X-Static® lined NeoSponge™ + XRD® + Carbon Composite + Firm Microcel Puff® Post + Cordura + DuraSOLE	____
DRES-CO5	Black Fabric NeoSponge™ + XRD®+ Polypro Plus + Cordura	____
SPRT-CO7	X-Static® lined NeoSponge™ + PORON® Urethane + Carbon Composite + Firm Microcel Puff® Post + Cordura + DuraSOLE	____
WALK-CO4	Synthetic Suede-covered PORON® Urethane + Carbon Composite + Cordura	____
WORK-CO4	Synthetic Suede-covered PORON® Urethane + Carbon Composite + Firm Microcel Puff® Post + Cordura + DuraSOLE	____
SPRT-CO4	Synthetic Suede + P-Cell® + PORON® Urethane + SRP™ + Carbon Composite + Firm Microcel Puff® Post + Cordura + DuraSOLE	____

CUSTOM ACCOMMODATIVE ORTHOTICS

ITEM	DESCRIPTION (A5513)	QTY in PAIRS
CORT-96	Pink P-Cell® + White Microcel Puff® 40 dur	____
CORT-98	Pink P-Cell® + Natural Multicork™	____
CORT-9P6	Pink P-Cell® + PORON Medical® Urethane + White Microcel Puff® 40 dur	____
CORT-9P8	Pink P-Cell® + PORON Medical® Urethane + Natural Multicork™	____
CORT-6P6	Blue Microcel Puff® 35 dur + PORON Medical® Urethane + White Microcel Puff® 40 dur	____
CORT-6P8	Blue Microcel Puff® 35 dur + PORON Medical® Urethane + Natural Multicork™	____
WALK-CO2	X-Static® lined NeoSponge™ + Natural Multicork™	____

☐ **Check here if no modifications needed**

Fill In to Order Shoes Here:

Shoe Style/ Item Number _____
_____
Color: _____
Size: _____ Width: _____

MODIFICATIONS ON NEXT PAGE

COPY THIS PAGE AND USE FOR FUTURE ORDERS

FOR OFFICE USE: ☐ LEFT ☐ RIGHT ☐ PAIR ☐ F1 ☐ SC ☐ CS ☐ PC ☐ FC

CUSTOM ORTHOTIC ORDER FORM

Heel Spur Depression: ☐ Left ☐ Right

High Flanges:

LEFT	RIGHT
☐ Medial	☐ Medial
☐ Lateral	☐ Lateral

High Heel Cup: ☐ Left ☐ Right

Metatarsal Bars: ☐ Left ☐ Right

Metatarsal Pads:

Microcel Puff® ☐ Left ☐ Right

PORON Medical® Urethane ☐ Left ☐ Right

☐ **Metatarsal Relief** *(Depression)* or ☐ **Plaster Build Up**
(with PORON Medical® Urethane) *(modification done to cast)*

(Please indicate on cast and drawing to right)

LEFT	RIGHT
☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
1 2 3 4 5	1 2 3 4 5

Morton's Extension ☐ Left ☐ Right

☐ Plastic ☐ Carbon **Attached:** ☐ Yes ☐ No

Saddle Accommodation

(Please indicate on cast and drawing to right)

LEFT	RIGHT
☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
1 2 3 4 5	1 2 3 4 5

Full Length Foot Plate ☐ Left ☐ Right

☐ Plastic ☐ Carbon **Attached:** ☐ Yes ☐ No

Toe Crest ☐ Left ☐ Right

Toe Filler*

(Please specify which toes amputated)

LEFT	RIGHT
☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
1 2 3 4 5	1 2 3 4 5

**Note: Amputation of toes may require full length Foot Plate*

Wedging	Medial	Lateral
☐ Full Foot	☐ Left ☐ Right	☐ Left ☐ Right
☐ Rear Foot	☐ Left ☐ Right	☐ Left ☐ Right
☐ Forefoot	☐ Left ☐ Right	☐ Left ☐ Right

Casts

☐ Return casts with orthotics

☐ Discard casts

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Cleveland, Ohio 44128
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Foot Evaluation

Toes

Overlapped ☐ Left ☐ Right

Hammered ☐ Left ☐ Right

Foot Structure

Normal ☐ Left ☐ Right

Flaccid ☐ Left ☐ Right

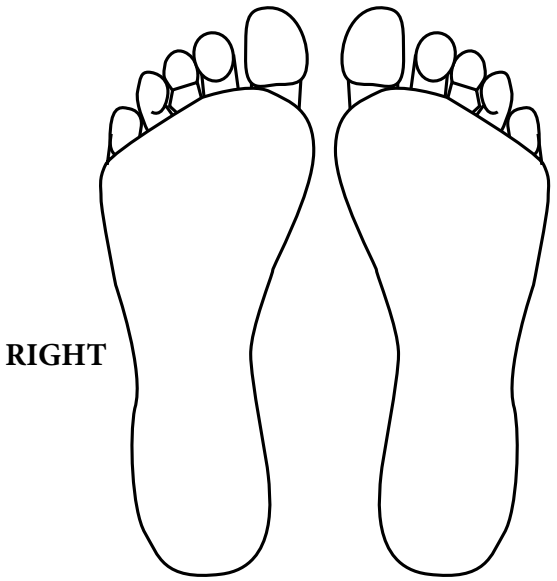
Rigid ☐ Left ☐ Right

Arch Type

Flat ☐ Left ☐ Right

Standard ☐ Left ☐ Right

High ☐ Left ☐ Right



INDICATE PROBLEM AREAS ABOVE

Special Orthotic Instructions: