



ACOR ORTHOPAEDIC, INC.
 18530 South Miles Parkway
 Cleveland, OH 44128
 ph. 800-237-2267 (select option 1)
 fax 216-587-9529
 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: **UPS**

FED EX	<input type="checkbox"/> 1 Day
<input type="checkbox"/> 1 Day	<input type="checkbox"/> 2 Day
<input type="checkbox"/> 2 Day	<input type="checkbox"/> 3 Day
<input type="checkbox"/> Ground	<input type="checkbox"/> Ground

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

ABOUT THE PATIENT

Name: _____
 Age: _____ Weight: _____ lbs. Male Female
 Worn Acor Custom Orthotics in the past? 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

Item	Description	QTY in PAIRS
CORT-96	P-Cell® + Microcel Puff®	
CORT-9P6	P-Cell® + PORON Medical® Urethane + Microcel Puff®	
CORT-6P6	Microcel Puff® + PORON Medical® Urethane + Microcel Puff®	
CORT-98	P-Cell® + Multicork™	
CORT-9P8	P-Cell® + PORON Medical® Urethane + Multicork™	
CORT-6P8	Microcel Puff® + PORON Medical® Urethane + Multicork™	
CORT-XI6	X-Static® lined Impression Puff™ + Microcel Puff®	
CORT-XI8	X-Static® lined Impression Puff™ + Multicork™	
CORT-XIP6	X-Static® lined Impression Puff™ + PORON Medical® Urethane + Puff	

Item	Description	QTY in PAIRS
WALK-CO1	X-Static® lined NeoSponge™ + Microcel Puff®	
WALK-CO2	X-Static® lined NeoSponge™ + Multicork™	
WALK-CO3	X-Static® lined NeoSponge™ + EFM™ + Extra Firm Puff	

Item	Description	QTY in PAIRS
SPRT-CO1	X-Static® lined NeoSponge™ + EFM™ + Puff	
SPRT-CO2	X-Static® lined NeoSponge™ + EFM™ + Multicork™	
SPRT-CO3	X-Static® lined NeoSponge™ + Copoly + Firm Puff Post	
SPRT-CO4	Synthetic Suede + P-Cell® + PORON Medical® Urethane + SRP forefoot + 1.5mm Carbon	
SPRT-CO5	Synthetic Suede + P-Cell® + PORON Medical® Urethane + SRP forefoot + 2.3mm Carbon	

Item	Description	QTY in PAIRS
WORK-CO1	X-Static® lined NeoSponge™ + Firm Puff	
WORK-CO2	X-Static® lined NeoSponge™ + EFM™ + Firm Puff	
WORK-CO3	X-Static® lined NeoSponge™ + PolyPro + Firm Puff Post	
WORK-CO4	Synthetic Suede + PORON Medical® Urethane + Vinyl Bottom + 2.3mm Carbon	

Item	Description	QTY in PAIRS
DRES-CO1	X-Static® lined NeoSponge™ + Copoly	
DRES-CO2	X-Static® lined NeoSponge™ + Polypro + PORON Medical® Urethane Heel	
DRES-CO3	Synthetic Suede + PORON Medical® Urethane + 1.5mm Carbon + Stress (Sulcus Topcover)	
DRES-CO4	Synthetic Suede + PORON Medical® Urethane + 1.5mm Carbon + BMH (Sulcus Topcover)	

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 _____ FI SC CS PC FC

CUSTOM ORTHOTIC ORDER FORM



HEEL SPUR DEPRESSION: L R

HIGH FLANGES:

LEFT

- Medial
 Lateral

RIGHT

- Medial
 Lateral

HIGH HEEL CUP L R

MARKS BAR

Steel Shank 3/4 length L R

Marks Bar (Heel-to-Toe shank) L R

METATARSAL BARS L R

METATARSAL PADS

Microcel Puff® L R

PORON Medical® Urethane L R

METATARSAL RELIEF (DEPRESSION) (with PORON Medical® Urethane) or PLASTER BUILD UP (modification done to cast)

(Please indicate on cast and drawing to right)

LEFT

- 1 2 3 4 5

RIGHT

- 1 2 3 4 5

MORTON'S EXTENSION L R

- Plastic Carbon

ATTACHED: Yes No

SADDLE ACCOMMODATION

(Please indicate on cast and drawing to right)

LEFT

- 1 2 3 4 5

RIGHT

- 1 2 3 4 5

FULL LENGTH FOOT PLATE L R

- Plastic Carbon

ATTACHED: Yes No

TOE CREST L R

TOE FILLER*

(Please specify which toes amputated)

LEFT

- 1 2 3 4 5

RIGHT

- 1 2 3 4 5

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

WEDGING

Medial

Lateral

- Full Foot L R L R
 Rear Foot L R L R
 Forefoot L R L R

CASTS

- Return casts with orthotics
 Discard casts

ELEVATIONS

(Check shoes for maximum elevation)

Heel Ball Toe

Left in. in. in.

Right in. in. in.

FOOT EVALUATION

TOES

Overlapped L R

Hammered L R

FOOT STRUCTURE

Normal L R

Flaccid L R

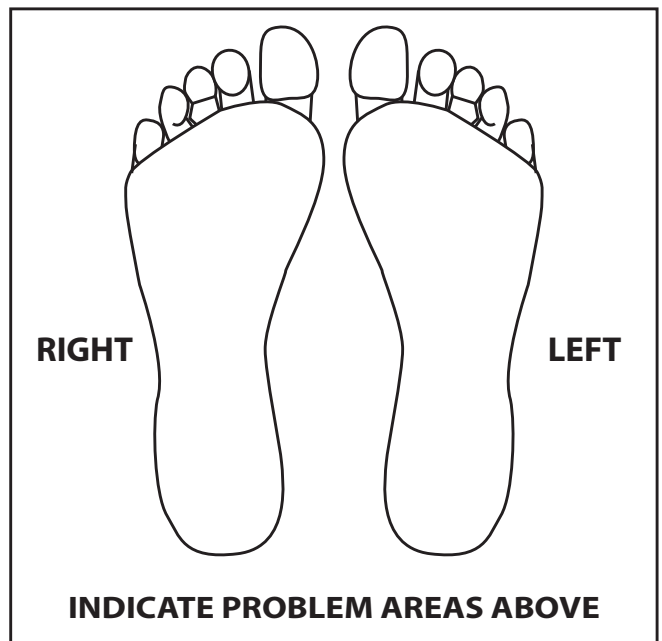
Rigid L R

ARCH TYPE

Flat L R

Standard L R

High L R



SPECIAL ORTHOTIC INSTRUCTIONS:

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