ELEGANT AFO
ORTHOTICS PEDORTHICS SERVICE

22250 Strathern St.
Canoga Park, CA 91304
(818) 430-6416

Boot Line Order Form

ORDER No.

PATIENT INFORMATION

Name: _____ _____
Last First

PO# _____ ☐Male ☐Female ☐Right ☐Left ☐Bilateral

DX: _____ Age: _____ Height: _____ Weight: _____

SHIPPING AND BILLING ADDRESSES

Practitoner: _____ Phone: _____ Fax: _____

Facility Name: _____

SHIP TO: _____ BILL TO: _____

_____ _____

_____ _____

☐Tampa Boot

☐Partial Boot

☐Hybrid Boot

☐Partial Foot

Leather Color:

☐Black ☐Brown
☐White ☐Sand
☐Tan ☐Bone

Closure Selection:

☐Lace ☐Velcro

Combination:

Bottom:		Top:
☐Lace	———	3 Boot Hooks
☐Lace	———	3 Speed Lace
☐Lace	———	Velcro

Additional options:

Additional multi-density insoles Qty:_____

Custom molded shoe for opposing side

Style: ☐Hight top ☐Chukka ☐Low top

☐Other _____

Height of the device heel to top should be:_____

Patient's Shoe size: _____

Cast Preparation Instructions:

Ankle: ☐As is ☐Correct to 90°
☐Amount____ ☐Dorsi ☐Plantar

Hindfoot: ☐As is ☐Correct to Neutral

Forefoot: ☐As is ☐Correct to Neutral

Shipping:

Shipping: ☐Ground ☐3 Day ☐2 Day Air ☐Overnight ☐Other _____

Additional Information: _____

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