ELEGANT AFO
ORTHOTICS PEDORTHICS SERVICE

Shoe Modification Order Form

ORDER NO.

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

PATIENT INFORMATION

NAME _____ _____
Last First

PO# _____

☐ MALE ☐ FEMALE ☐ RIGHT ☐ LEFT ☐ BILATERAL

DX:

_____ Age: _____ Height: _____ Weight: _____

SHIPPING AND BILLING ADDRESSES

Practitioner _____ Phone _____ Fax _____

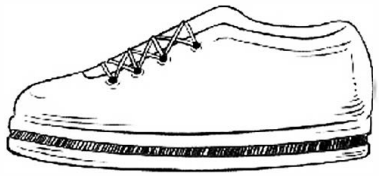
Facility Name _____

SHIP TO: _____ BILL TO: _____

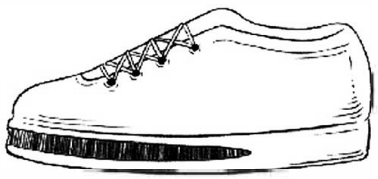
_____ _____

_____ _____

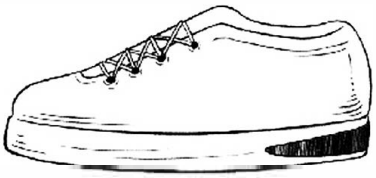
☐ **Sole Elevation**



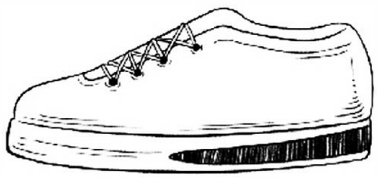
☐ **Negative Heel Rocker Sole**



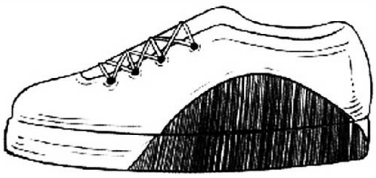
☐ **Sach Heel**



☐ **Heel Lift**

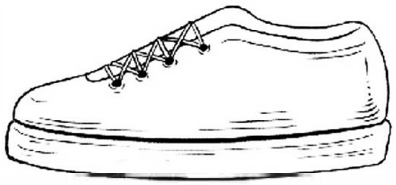


☐ **Buttres Flare**

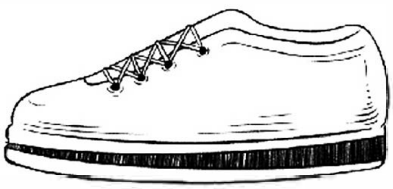


☐ **Flare**

☐ **Heel To Toe Rockers**



☐ **Forefoot Rocker**



☐ **Wedge**

Shipping:

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

Additional Information: _____

_____

_____