

LINING

B-Foam Cushion (standard)
Leather Lined: Full ___ Vamp Only ___ Heel Only ___
Plastazote® Lined: Full ___ Vamp Only ___ Heel Only ___

Tongue (no padding) ___
Collar (No Padding) ___
Collar and Tongue Come Padded Standard Unless Otherwise Noted
Other _____

Build-Ups, Modifications & Soling

BUILD-UPS

All buildups are placed on outsole unless noted.
Check here for build-ups to be made on insert as opposed to outsole.
L R

Heel ___ Inch ___ Inch
Ball ___ Inch ___ Inch
Toe ___ Inch ___ Inch
Other _____

EXTERNAL SOLE MODIFICATIONS

Lateral Heel Flare (L)___ (R)___
Sole Flare (L)___ (R)___
Heel Wedge (L)___ (R)___
Sole Wedge (L)___ (R)___

Medial Heel Flare (L)___ (R)___
Sole Flare (L)___ (R)___
Heel Wedge (L)___ (R)___
Sole Wedge (L)___ (R)___

Wide Base (L)___ (R)___
Steel Shank (L)___ (R)___
Full Slip sole (welted construction) (L)___ (R)___
Other _____

EXTERNAL ADDITIONS

3/8" Caliper Plate (L)___ (R)___
Sole remains unattached unless otherwise noted in "Special Instructions".
Reinforced (double) Extended Counters (L)___ (R)___
Reinforced for Brace (L)___ (R)___
T-Strap: (Medial)___ (Lateral)___ (L)___ (R)___
Other _____

SOLING

Low Profile (12 Iron, 1/4 Inch)
Reg. (18 I, 3/8 inch)
Heavy Duty (24 Iron, 1/2 inch)
Heavy Duty Ribbed Soling (Sportwave)
Other _____

Rocker Soles come standard unless otherwise noted in "Special Instructions".

Miscellaneous

Base Depressions (L)___ (R)___
Duplicate Cast
Base Depressions encompass both a depression on the insert as well as an excavation in the underlying portion of the shoe's sole.

UPGRADE TO A PACKAGE

The standard package comes with two additional pairs of custom inserts. You may create a customized package by substituting one pair of inserts for one modification below or substitute two pairs of inserts for two modifications below. Please note that left and right options count as one substitution each. note that this option is not available on single shoe orders.

YES, PLEASE UPGRADE MY ORDER TO A PACKAGE.

Insert Substitution Options

- Metatarsal Bar (1) L R
Sach Heel (1) L R
Leather Toe Tips (2) L R
Reinforce for Brace (1) L R
Sole Flare (1) L R
Heel Flare (1) L R
Sole Wedge (1) L R
Heel Wedge (1) L R
Full Steel Shank (1) L R
Heel Build Up (up to 1") (1) L ___ Inch R ___ Inch
Use of any two materials to fabricate the custom inserts other than those used in standard construction (i.e. Cork or Puff vs. Standard Eva or Grey Plastazote)
Heavy Duty Ribbed Soling
Plastazote® Lining
Duplicate Cast

SPECIAL INSTRUCTIONS

- Please See "Casting Instructions"
Include A Weight-Bearing Tracing "Over"

INFORMATION ACQUIRED FROM PRACTITIONER

In house use only.

Technical Assistance
(863) 658-2616

A weight bearing tracing is required with all orders to determine foot splay and guarantee fit



"A New Era Is Born"
www.phoenixmolded.com

2017

3743 Kenilworth Boulevard Sebring, FL 33870

Fill Form Out Completely Ph: (863) 658-2616 Fax: (863) 314-6573

COMPANY NAME
Phone
P.O. #
ORDERED BY
SHIP TO
Address 1
Address 2
City State Zip

Patient Name
Weight Age
Occupation
Had Phoenix Shoes before (approx date)

3 Day Rush* 6 Day Rush*

CAST MODIFICATIONS (TOE BOX: LENGTH AND DEPTH)
Reg. Elongation (5/8")
1/8" Additional Elongation to Reg. (5/8" + 1/8")
Other Specified Length: (inches)
Casted Over Brace With Full Footplate (1/4")
High Toe Box (1/4")
Extra High Toe Box (3/8")
Other Specified Height: (inches)
Metatarsal Pads
Match To Length
Short Shoe

Cast Extensions are calculated relative to weight bearing tracings. Please indicate the placement of reliefs and insert depressions on the above diagram.

Custom Molded Inserts

Materials
Pink Plastazote Cover & EVA Base (Standard)
Pink Plastazote Cover & Cork or Puff Base (Additional)
PPT Middle Layer
Number of Pairs

Flanges
Medial (L)___ (R)___
Lateral (L)___ (R)___

Toe Fillers
Cosmetic Toe Filler (L)___ (R)___
Total Contact Toe Filler (L)___ (R)___

Single Layer Inserts (Prosthetic Foot, Space Fillers & Swelling)
EVA (L)___ (R)___
Cork (L)___ (R)___

Optional Top Covers
Spenco Cover ___ Leather Cover ___ PPT Cover ___

WARNING: POCKETS WILL NOT BE FABRICATED INTO CUSTOM INSERTS UNLESS THE BOX BELOW IS CHECKED.



CHECK BOX TO REQUEST THE RELIEF OF PROBLEM AREA(S) INDICATED IN THE ABOVE DIAGRAM.

DIAGNOSIS

Diabetic: (L)___ (R)___ Toes Overlapped: (L)___ (R)___
Amputee: (L)___ (R)___ Hammered: (L)___ (R)___
Charcot: (L)___ (R)___ Rigid Deformity: (L)___ (R)___
Notes:

Shoe Upper, Closure & Lining

UPPER
Style # ___ Color ___
An "A" following the Style Number indicates velcro closure.
Regular Opening ___
Semi-Surgical ___
Surgical ___
Heavy Duty Leather ___
(available in Black, Dark Brown and Cedar)*

CLOSURE
Velcro D-Ring (standard) ___
Velcro D-Ring Pull Reverse Direction ___
Velcro Flap Normal Direction ___
Velcro Flap Reverse Direction ___
Hooks ___

WEIGHT-BEARING TRACINGS

A WEIGHT BEARING TRACING MUST ACCOMPANY ALL ORDERS TO GUARANTEE FIT.

Left Heel

Right Heel

Hold Pencil Perpendicular To Floor While Tracing