

Accuthotix™

Quick-Step Order Form

All our lab technicians require to make "fully customized" orthotics is included in the simple form below. When completed, this form, along with the molds you make, will allow us to select which orthotics fabrication is best for your patient.

(All custom orthotics require 5 – 7 days to fabricate.)

Quick-Step #1 Doctor Information

Dr. _____ Practice Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone () _____ Fax () _____ Email _____

Quick-Step #2 Patient Information

First _____ MI _____ Last _____
 Age _____ Sex _____ Weight _____ Shoe Size _____

Quick-Step #3 Category and Style Selection

We make Accuthotix™ for many styles of footwear, but all styles fit distinctly into two (2) categories: *Non-Dress* and *Dress*. For the purposes of insuring usage compliance and best correction outcomes we urge you to order a minimum of one (1) pair from each category.

Non-Dress <input type="checkbox"/> Workboot <input type="checkbox"/> Walking <input type="checkbox"/> Athletic <input type="checkbox"/> Running <input type="checkbox"/> Comfort	Dress <input type="checkbox"/> Oxford - Lace <input type="checkbox"/> Loafer <input type="checkbox"/> Pumps/Heels (over 2") <input type="checkbox"/> Dress Flats (up to 1" heel) <input type="checkbox"/> Western Boots
We recommend full length for non-dress shoes	We recommend 3/4" length or sulcus length for dress shoes
Check one (1 st pair): Full length _____ Sulcus _____ or 3/4" length _____	
Check one (2 nd pair): Full length _____ Sulcus _____ or 3/4" length _____	

Quick-Step #4 Patient Use

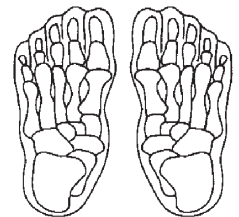
For what type of activity will your patient be using Accuthotix?

TOTAL PAIRS

Quick-Step #5 Accommodations/Additions

	Left	Right	Both	Additional Information			
<input type="checkbox"/> Heel Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1/16"	<input type="checkbox"/> 1/8"	<input type="checkbox"/> 1/4"	<input type="checkbox"/> 1/2"
<input type="checkbox"/> Heel Spur Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> U-Pad	<input type="checkbox"/> Cutout		
<input type="checkbox"/> Met Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low	<input type="checkbox"/> High		
<input type="checkbox"/> Met Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Accommodate for lesions as marked below



Right Left

Quick-Step #6 Diagnosis/Special Instructions

Quick-Step #8 Shipping and Totals

Pairs of orthotics _____ x = _____
 Shipping and handling \$15 per pair x = _____
 Send me ___ case(s) of foam (6 per case) x \$40..... = _____
 Shipping and handling \$15 per case x = _____
 Next day and international shipping rates vary by zone..... = _____
TOTAL _____

Quick-Step #7 Payment Options

Check enclosed
 MasterCard
 Visa
 American Express
 CC# _____
 Exp Date ____/____/____