

1 CLINICIAN

Account Location

PO Number

Clinician

Clinician Email



Tel: 1-800-496-0987
 Fax: 1-866-919-9268
 www.kevinrootmedical.com
 hello@kevinrootmedical.com



Men's Shoes

[ORDER FORM PAGE 1 OF 1](#)

Date:/...../.....
MM DD YYYY

Contact me to review Order Form

Rush order due date:
/...../.....
MM DD YYYY

2 PATIENT

Patient's Email

First Name

Last Name

DOB/...../..... Sex: M F Weight Height Shoe Size

MM DD YYYY

Ship to Patient

Street Address

City State Zip

3 MEN'S SHOES

SIZE 7 7.5 8 8.5 9 9.5 10 10.5 11 11.5 12 13 14

WIDTH Medium Wide Extra Wide



Alpine Brown Orthotic Sandal



Cambria Brown Sandals



Hunter - Brown



Sorrento Outdoor Shoe



Alpine Gray Orthotic Sandal



Cambria Charcoal Sandals



Jackson Square, Tie-Less Lace



Sprint - Blue, Tie-Less & Heel Strap



Asheville - Brown



Carnegie Two Way Strap



Lava Stretch - knit Athletic



Sprint - Gray, Tie-Less & Heel Strap



Avery Island - Black



Clearwater Orthotic Sandals



Lincoln Center - Black



Tacoma - Stretchable



Avery Island Brown



Edgewater Stretch Knit Athletic



Lincoln Center - Brown Loafers



Tuscany - Brown



Baton Rouge Brown, Tie-Less Lace



Glacier Gorge - Black



Monterey Bay - Black Tie-Less Lace



Ventura - Black



Baton Rouge - Sand Boat Shoes



Gramercy - Black



Monterey Bay - White Tie-Less Lace



Ventura - White



Bismarck Stretchable



Gramercy - Brown



Pacific Palisades - Black



Broadway - Black Orthotic Shoe



Highline - Black



Pacific Palisades - White



Broadway - Brown Orthotic Shoe



Highline - Brown



Shreveport - Brown, Tie-Less Lace

Special Instructions/Special Device:

PATIENT

First Name

Last Name

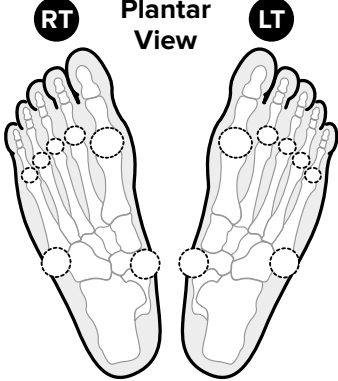
Men's Shoes

Date:/...../.....
MM DD YYYY

[ORDER FORM PAGE 2 OF 2](#)

PLEASE MARK BELOW YOUR SPECIFIC REQUESTS FOR ACCOMODATIONS

MODIFICATIONS

METATARSAL PADS	<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT	Please Mark Accommodations 
DANCERS PAD	<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT	
MORTON'S EXTENSION	<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT	
CREST PADS	<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT	
HEEL LIFTS (INCHES) RIGHT LEFT	
MET CUT OUTS	RIGHT: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	LEFT: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	

BASE MATERIALS

- Co-Poly EVA Puff Polypropylene
 Pelite Cork UCBL* Carbon Plating*
*Additional Charges Will Apply

Length: Full Sulcus Met 3/4

ORTHOTIC COVERS

- P-Cell Tri-Lam Vinyl Leather Spenco
 EVA (multicolored) EVA (solid colored) Plastazote
 1/8" 1/16" 1/8" 1/16" 1/8" 3/16"

HEEL POSTINGS: YES NO Other:

CUSTOM DIABETIC ORTHOTICS

Custom Orthotics (A5514) Please indicate number of pairs: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 BY DEFAULT 3 PAIRS WILL BE FABRICATED PER MEDICARE GUIDELINES	Single Custom Orthotics (A5514) Please indicate quantity below LEFT: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 RIGHT: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Orthotic with Toe Filler (L5000) Please indicate number of fillers LEFT: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 RIGHT: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 BY DEFAULT 1 INSERT WILL BE FABRICATED PER MEDICARE GUIDELINES	FOAM IMPRESSION BOXES (CASE OF 12) Please indicate number of cases: <input type="text"/>
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Comments/additional requests::

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PLEASE KEEP A COPY FOR YOUR RECORDS: