

# 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



**Women'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 WOMEN'S SHOES

**SIZE**     5    5.5    6    6.5    7    7.5    8    8.5    9    9.5    10    10.5    11    11.5    12

**WIDTH**     Medium    Wide    Extra Wide    XX-Wide

 <input type="checkbox"/> Athens - Beige Mary Jane Shoes	 <input type="checkbox"/> Coral - Black Stretchable	 <input type="checkbox"/> Naples - Blue Orthotic Sandals	 <input type="checkbox"/> Tahoe - White Tie-Less Lace
 <input type="checkbox"/> Athens - Blue Mary Jane Shoes	 <input type="checkbox"/> Coral - Gray Stretchable	 <input type="checkbox"/> Narine - Stretchable	 <input type="checkbox"/> Tivoli - Black
 <input type="checkbox"/> Breeze Stretchable	 <input type="checkbox"/> Coral-Turquoise Stretchable	 <input type="checkbox"/> Oakridge - Black	 <input type="checkbox"/> TRIAL PRODUCT
 <input type="checkbox"/> Bristol - White	 <input type="checkbox"/> Delta - Brown Boots	 <input type="checkbox"/> Quincy Stretchable Slip-on	 <input type="checkbox"/> Vera - Black 2" Heels
 <input type="checkbox"/> Camille - Black 2" Heel Sandals	 <input type="checkbox"/> Emma - Black 2" Heel Boots	 <input type="checkbox"/> Sandy Stretchable	 <input type="checkbox"/> Verona Black Orthotic Sandal
 <input type="checkbox"/> Capri - Camel	 <input type="checkbox"/> Florence - Black Boots With Fur	 <input type="checkbox"/> Sanibel - Black Mary Jane Shoes	 <input type="checkbox"/> Verona Pewter Sandal
 <input type="checkbox"/> Celina - Black Mary Jane Shoes	 <input type="checkbox"/> Florence - Camel Boots With Fur	 <input type="checkbox"/> Sanibel - Blue Mary Jane Shoes	 <input type="checkbox"/> Verve - Fuchsia Tie - Less Lace
 <input type="checkbox"/> Charlotte Black	 <input type="checkbox"/> Joelle - Black Stretchable	 <input type="checkbox"/> Sanibel Mary Jane - Gray	 <input type="checkbox"/> Verve-Turquoise Tie - Less Lace
 <input type="checkbox"/> Charlotte Brown	 <input type="checkbox"/> Joelle - Gray Stretchable	 <input type="checkbox"/> Sarasota Beach Tan Stretchable	 <input type="checkbox"/> Whitney - Black
 <input type="checkbox"/> Chattanooga Black	 <input type="checkbox"/> Lake Charles - Black	 <input type="checkbox"/> Serene Black	 <input type="checkbox"/> Whitney - White
 <input type="checkbox"/> Chattanooga Gray	 <input type="checkbox"/> Malibu Black Sandals	 <input type="checkbox"/> Serene Tan	 <input type="checkbox"/> Wichita - Black Stretchable
 <input type="checkbox"/> Chattanooga Red	 <input type="checkbox"/> Malibu Pewter Sandals	 <input type="checkbox"/> Sonoma Brown	
 <input type="checkbox"/> Chelsea Black	 <input type="checkbox"/> Marina - Black 2" Heels	 <input type="checkbox"/> Springfield - Black Mary Jane Stretchable	
 <input type="checkbox"/> Chelsea Croc Black	 <input type="checkbox"/> Maya - Black 2" Heels	 <input type="checkbox"/> Tahoe - Black Tie-Less-Lace	
 <input type="checkbox"/> Chickasaw - Black Stretchable	 <input type="checkbox"/> Milano - Black	 <input type="checkbox"/> Tahoe - Pink Tie-Less Lace	

Special Instructions/Special Device: .....

**PATIENT**

First Name .....

Last Name .....

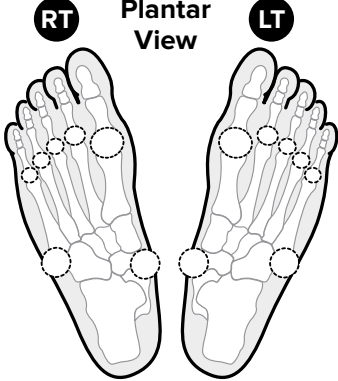
**Women's Shoes**

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

[ORDER FORM PAGE 2 OF 2](#)

\*PLEASE MARK BELOW YOUR SPECIFIC REQUESTS FOR ACCOMODATIONS\*

**MODIFICATIONS**

<b>METATARSAL PADS</b>	<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT	Please Mark Accommodations  
<b>DANCERS PAD</b>	<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT	
<b>MORTON'S EXTENSION</b>	<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT	
<b>CREST PADS</b>	<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT	
<b>HEEL LIFTS (INCHES)</b>	..... RIGHT	..... LEFT	
<b>MET CUT OUTS</b>	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**

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

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PLEASE KEEP A COPY FOR YOUR RECORDS: