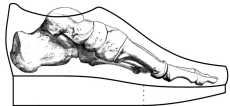
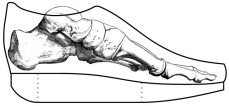
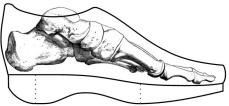
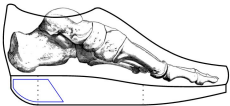
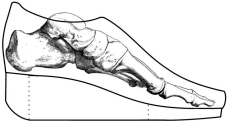
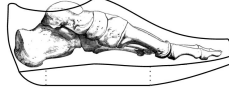
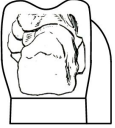

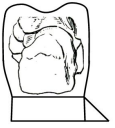


# SHOE MODIFICATION

Patient \_\_\_\_\_ PO# \_\_\_\_\_ Diagnosis \_\_\_\_\_  
 Clinic \_\_\_\_\_ Due Date (Rush Fee May Apply) \_\_\_\_\_  
 Clinician \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Phone \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Shoe Size \_\_\_\_\_

<b>PATIENT ID</b>		INTERNAL USE - DO NOT FILL IN PATIENT ID
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## Step 1: Modification Type

L B R <b>TOE ROCKER</b>	L B R <b>HEEL &amp; TOE ROCKER</b>	L B R <b>DOUBLE ROCKER</b>
		
L B R <b>SACH</b>	L B R <b>POSITIVE HEEL LIFT</b>	L B R <b>NEGATIVE HEEL LIFT</b>
		
L B R <b>BOLSTER</b>	L B R <b>WEDGE</b>	L B R <b>FLARE</b>
<input type="checkbox"/> Medial Bolster <input type="checkbox"/> Lateral Bolster 	<input type="checkbox"/> Medial Wedge <input type="checkbox"/> Lateral Wedge 	<input type="checkbox"/> Medial Flare <input type="checkbox"/> Lateral Flare 

Modification material will be selected based on patient weight.

## Step 2: Measurements

LEFT REARFOOT	LEFT FOREFOOT	RIGHT REARFOOT	RIGHT FOREFOOT
<input type="checkbox"/> <b>Change Height By</b> Medial Lateral Both ± _____ ± _____ ± _____	<input type="checkbox"/> <b>Change Height By</b> Medial Lateral Both ± _____ ± _____ ± _____	<input type="checkbox"/> <b>Change Height By</b> Medial Lateral Both ± _____ ± _____ ± _____	<input type="checkbox"/> <b>Change Height By</b> Medial Lateral Both ± _____ ± _____ ± _____
<input type="checkbox"/> <b>Total Height Welt to Floor</b> Medial Lateral Both _____	<input type="checkbox"/> <b>Total Height Welt to Floor</b> Medial Lateral Both _____	<input type="checkbox"/> <b>Total Height Welt to Floor</b> Medial Lateral Both _____	<input type="checkbox"/> <b>Total Height Welt to Floor</b> Medial Lateral Both _____

It is not necessary to fill in original measurements or measurements that will not be changed.

<b>RECEIVED DATE</b>	<b>COMPLETED DATE</b>

# SHOE MODIFICATION

## Step 3: Order Notes and Special Requests

## Material Specifications

Call with questions or for other material options.  
Warranty information available at [www.AODCFAB.com](http://www.AODCFAB.com)

### ALL SHOE MODIFICATIONS

- **CREPE**
  - CLOUD 35 Durometer EVA Rubber Blend  
or
  - SOLEFLEX 55 Durometer EVA Rubber Blend
- **TOPLIFT** (*When original sole cannot be reused*)
  - Herringbone  
or
  - TOPI  
or
  - Vibram Sole (*May incur additional cost*)



INTERNAL USE - DO NOT WRITE BELOW

CUSTOMER COMMUNICATIONS