FUNCTIONAL FOOT ORTHOSIS		* curocton	FAX OR E-MAIL COMPLETED FORMS	
Da	ate (dd/mm/yy) / /	<i>∴</i> surestep	Fax 866.868.1890 E-mail orders@surestep.net Phone 877.462.0711	
PA	ATIENT	FABRICATION		
Last Name/Patient ID		☐ Weight-bearing foam impressions	☐ Casts Send casts to: 17530 Dugdale Drive, South Bend, IN 46635	
Fir	st Name	□ Scans	Return impressions pre-modifications \$20.00/pair	J
Ag	ge			
We	eight Height	FLEXIBILITY	TOP COVER	
Dx Shoe Size		□ Flexible	☐ Synthetic leather & 1/16" poron (standard)	
☐ Right ☐ Left ☐ Bilateral		☐ Semi-flexible (standard)	□ EVA - black, 1/8"	
Name		□ Rigid	□ No Cover	
Contact Name		TOP COVER LENGTH	HEEL POST Medial and lateral wedging not available	
Phone Fax		□ Sulcus (standard)	□ No heel post (standard)	
E-mail		☐ Full length	☐ Neutral heel post	
ВІ	LLING / SHIPPING	FedEx SHIPPING OPTIONS	NOTES	
SHIPPING BILLING	Address	Need by Date		
	City		-	
	ST/Prov Zip	☐ Ground [®] FREE		
	☐ Shipping address same as billing	☐ 2 Day [®] A.M. 10:30 a.m. or noon 2nd business day\$30.00	NOTES	
	Address			
	City	□ 2Priority Overnight® 10:30 a.m. next business day \$55.00		
	ST/Prov Zip	☐ First Overnight® 8:00 a.m. next business day\$100.00		
PO#		☐ 24 Hour Rush Fabrication\$75.00 Fee	A 3D PRINTED PRODUCT SERIES	
Order confirmation:		Shipping charges apply separately	A SD I KINTED I KODOCI SEKIES	,