FUNCTIONAL FOOT ORTHOSIS		* surestan		FAX OR E-MAIL COMPLETED FORMS	
Da	te (dd/mm/yy) / /	<i>∴</i> surestep	Fax	866.868.1890 E-mail orders@surestep.net Phone 877.462.0711	
PA	TIENT	FABRICATION			
Patient ID		☐ Weight-bearing foam impressions	ПС	□ Casts Send casts to: 17530 Dugdale Drive, South Bend, IN 46635 □ Return impressions pre-modifications \$20.00/pair	
Age (in years)		□ Scans			
☐ Male ☐ Female				1	
We	eight Height	FLEXIBILITY	ТОР	COVER	
Dx Shoe Size		☐ Flexible	□ S;	☐ Synthetic leather & 1/16" poron (standard)	
☐ Right ☐ Left ☐ Bilateral		☐ Semi-flexible (standard)	□ E'	□ EVA - black, 1/8"	
COMPANY Name		☐ Rigid	□N	□ No Cover	
Contact Name		TOP COVER LENGTH	HEE	HEEL POST Medial and lateral wedging not available	
Phone Fax		☐ Sulcus (standard)	□N	□ No heel post (standard)	
E-mail		☐ Full length	□N	□ Neutral heel post	
ВІ	LLING / SHIPPING	FedEx SHIPPING OPTIONS	ИОТ	TES	
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		90:	