



# ORDER / SPECIFICATION FORM

36 Mason Street / Buffalo, NY 14213 / 1-800-435-0065 / Fax 716-881-0349 / www.jerrymillershoes.com

Date: \_\_\_\_\_ PO#(if needed) \_\_\_\_\_

**Shipping:**  Two Day  Ground  Overnight

**Ship to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E Mail \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Contact Person Regarding Order: \_\_\_\_\_

**Bill to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Patient Name \_\_\_\_\_

Sex \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_

Had Jerry Miller shoes before? \_\_\_\_\_

When? \_\_\_\_\_

Invoice/CAD/CAM # \_\_\_\_\_

**Diagnosis**

- Diabetic
- Post Polio  Club Foot  Charcot  Arthritic
- Amputee - which areas? \_\_\_\_\_

Special \_\_\_\_\_

**Last Modification:**

- Regular Elongation (5/8")
- 1/8" Extra Elongation (5/8"+1/8")
- High Toe Box
- Extra High Toe Box
- Special \_\_\_\_\_

**Removable Plastazote® Molded Insert**

- None  1/2" White (firm)
- 1/4" Pink + 1/4" White\*  1/2" Pink (soft)
- 1/4" White (firm)  Thermo-cork
- 1/4" Pink (soft)  Spenco Top Cover
- 1/8" Poron Middle  Leather Top Cover
- 1/8" Poron Bottom
- 1/4" Poron Bottom

Special \_\_\_\_\_

- One Pair  Two Pairs  Three Pairs

**Type of Casting**

- Casted over AFO  LF  RF
- Casted over Prosthetic Foot  LF  RF

**Style** \_\_\_\_\_

**Color** \_\_\_\_\_

Please note that the colors may vary from swatches as printed in catalog

**Type of Opening**

- Regular Opening
- Opening To Ball of Foot (Semi-Surgical)
- Opening To End of Toes (Surgical)

**Type of Closure**

- Lace
- Speed Lace (Top three eyelets unless specified)
- Velcro Strap
- Velcro with D-Ring
- Special \_\_\_\_\_

**Lining**

- Regular (glove leather)  Spenco
- Fleece  Black Sports
- Plastazote  Tan Sports
- Flannel
- Check here if lining is for HEEL ONLY

**Finishing**

- Met Pads  Stitch Tongue to Medial Side
- Perforate Top  Stitch Tongue to Lateral Side
- Perforate Arch
- Special \_\_\_\_\_

**Soling**

- 15 Iron (at no additional cost)
- Leather Heel (outside)
- Leather Sole
- Mini Rib
- Soft Spike
- Soft Vibram
- Neolite Heel
- Infinity
- Topy Cover
- Work Cover
- Lug
- Outside Heel
- Silvano

Special \_\_\_\_\_

- Rocker Sole
- Left Foot:  Heel to Toe  Forefoot  Aggressive
- Right Foot:  Heel to Toe  Forefoot  Aggressive

**Construction**

- Regular
- Heavy Duty
- Reinforce Counters

**Short Limb Raise**

|  | L                              | R                              |
|--|--------------------------------|--------------------------------|
| Heel                                   | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Ball                                   | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Toe                                    | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Raise inside shoe covered with leather | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Raise outside shoe on soling           | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Special :                              | _____                          |                                |
|  | _____                          |                                |

**Base Modifications**

- Lateral Flare  L  R
- Medial Flare  L  R
- Wide Base  L  R
- Lateral Wedge  L  R
- Medial Wedge  L  R

**External Additions**

- Amputation Filler — match length and shape  L  R
- No Amputation Filler  L  R
- Steel Shank 3/4 length  L  R
- Steel Shank full length  L  R
- Reinforce for Brace  L  R
- Leave Outside Wedge and Final Outsole off  L  R
- Leave Final Outsole off  L  R
- Attach Jerry Miller's 7/8" Caliper  L  R
- Attach Customer's 7/8" Caliper/Stirrup  L  R
- T-Strap Lateral  L  R  Unattach?
- T-Strap Medial  L  R  Unattach?
- Thermo Plastic Toe Cap  L  R
- Steel Toe  L  R

If Standard Steel Toes cannot accommodate certain deformities, shapes and sizes, may we substitute a Thermo Plastic Toe Cap?  Yes  No

**Special Instructions** (please print):

\_\_\_\_\_

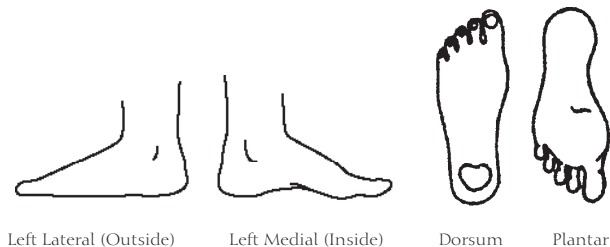
\_\_\_\_\_

\_\_\_\_\_

**Indicate any Lesions (ie. Amputations or Ulcerations)**

- Recess on Insert Only
- Recess on Insert and Base of Shoe

LEFT FOOT



RIGHT FOOT

