



ORDER / SPECIFICATION FORM

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

VERY IMPORTANT
Please provide a weight-bearing tracing of your patient on the inside pages of this order form.

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 – Approx. Date _____

Invoice/CAD/CAM # _____

Repeat CAD/CAM order as before, no changes _____

Repeat CAD/CAM order but with the following changes shown on order form: _____

Diagnosis

Diabetic Club Foot Charcot Arthritic

Post Polio

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 or shown on website

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

Perforate Top Met Pads

Perforate Arch Stitch Tongue to Medial Side

Pull Loops Stitch Tongue to Lateral Side

Tongue Loops 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

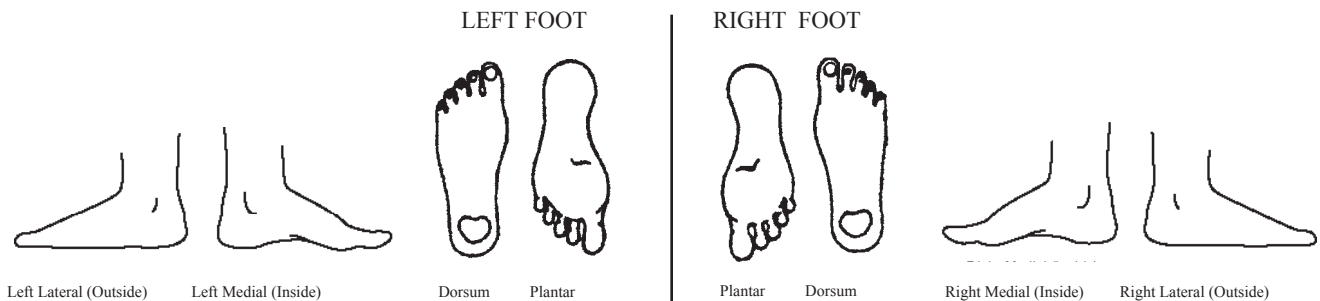
- Amputation Filler — match length and shape L R
- No Amputation Filler L R
- Steel Shank 3/4 length L R
- Steel Shank full length L R
- Reinforce for Brace L R
- Leave Outside Wedge and Final Outsole off L R
- Leave Final Outsole off L R
- Attach Jerry Miller's 7/8" Caliper L R
- Attach Customer's 7/8" 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



WEIGHT-BEARING TRACINGS

(Hold pencil vertically when tracing)

Left Heel

Right Heel