



1021 W. Main Street, Boise, ID 83702-5706 [info@advcasting.com](mailto:info@advcasting.com)

Toll Free: 866.999.4338 • 208.344.4338 (P) • 208.386.3250 (F)

# Custom Sandals & Clogs Order Form

Please fill out form clearly and completely. Provide separate order form for orthotics. **Weight-bearing foot tracings are required.**

Account Name: \_\_\_\_\_ Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Bill to Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Number (Visa, Master Card, or Discover only): \_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_ CVV (Last 3 Digits on the back of the card): \_\_\_\_

Patient's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex:  M  F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_ Width: \_\_\_\_\_ Weight Bearing Tracing?  YES Required

IMPRESSION METHOD:  Foam Impressions  Slipper Casts

## BIRKENSTOCK® / PROFESSIONAL SELECTION\*

Birkenstock Size: \_\_\_\_\_ Width: \_\_\_\_\_

- Arizona RX™ Taupe Suede
- Florida RX™ Habana Oiled(+\$25)
- Granada RX™ Habana Oiled(+\$25)
- Arizona RX™ Habana Oiled
- Florida RX™ Black Nubuck(+\$25)
- Granada RX™ Black Oiled(+\$25)
- Arizona RX™ Tobacco Oiled
- Milano RX™ Habana Leather
- Profi-Birki RX™ Black PU
- Arizona RX™ Black Oiled
- Granada RX™ Tobacco Oiled(+\$25)
- Super-Birki RX™ Black

\* Other colors available upon request and availability

\*\*(+\$25) Noted is to account for removal of the Soft Footbed Birkenstock uses in these models to become modifiable.

## FOOTBED SPECIFICATIONS AND ADDITIONS

Please specify required additions (see below) Please specify L, R, Bilateral

- Additional Met Pad or Met Bar \_\_\_\_\_  L  R  B
- Toe Crest \_\_\_\_\_  L  R  B
- Add 3mm EVA for full Soft Footbed(\$10 ea)  L  R  B
- Heel lift 1/8"  L  R  B      1/4"  L  R  B
- External Full Sole Lift(\$40 ea) Amount \_\_\_\_\_  L  R

Other: \_\_\_\_\_

### SPECIAL INSTRUCTIONS / NOTES

- Return Casts
- Ship to Patient  
(provide complete mailing address and phone number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ORDER PROCESSING (Lab use only)

Date Received \_\_\_\_\_ Initials \_\_\_\_\_

- Send A.C.T. Impression Box

**Impression Quality 1-10 Send Note Re:**

\_\_\_\_\_  
Additional Notes: \_\_\_\_\_  
\_\_\_\_\_