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## Custom Birkenstock 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: \_\_\_\_\_ **\*\*FOOT TRACINGS REQUIRED**

IMPRESSION METHOD:  Foam Impressions  Slipper Casts

### BIRKENSTOCK® / PROFESSIONAL SELECTION\*

Birkenstock Size: \_\_\_\_\_ Width \_\_\_\_\_ \*Confirm sizing is accurate or sized in office: Yes / No

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Arizona RX™ Taupe Suede   | <input type="checkbox"/> Florida RX™ Habana Oiled(+\$25)  | <input type="checkbox"/> Granada RX™ Habana Oiled(+\$25) |
| <input type="checkbox"/> Arizona RX™ Habana Oiled  | <input type="checkbox"/> Florida RX™ Black Nubuck(+\$25)  | <input type="checkbox"/> Granada RX™ Black Oiled(+\$25)  |
| <input type="checkbox"/> Arizona RX™ Tobacco Oiled | <input type="checkbox"/> Milano RX™ Habana Leather        | <input type="checkbox"/> Profi-Birki RX™ Black PU        |
| <input type="checkbox"/> Arizona RX™ Black Oiled   | <input type="checkbox"/> Granada RX™ Tobacco Oiled(+\$25) | <input type="checkbox"/> Super-Birki RX™ Black           |

\* Other colors may be available upon request and availability

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

### FOOTBED SPECIFICATIONS AND ADDITIONS

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

- |  |   |
|--|---|
| <input type="checkbox"/> Additional Met Pad or Met Bar _____ <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B        | <input type="checkbox"/> Recreate Toe Crest _____ (\$10 ea) <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B  |
| <input type="checkbox"/> Add 3mm EVA for full Soft Footbed(\$10 ea) <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B | Internal Heel lift : 1/8" <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B      1/4" <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B |
| <input type="checkbox"/> External Full Sole Lift(\$40 ea) Amount _____ <input type="checkbox"/> L <input type="checkbox"/> 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: \_\_\_\_\_  
\_\_\_\_\_