



2100 E. Fairview STE 1, Meridian, ID 83642 info@advcasting.com

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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

- 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 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

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

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: _____
