



STRIDE™

CUSTOM ORTHOTICS

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ORDER FORM

ACCOUNT INFORMATION

Office: _____

Practitioner's Name: _____

Phone: _____ P.O.#: _____

Shipping Address: _____

Billing Address: _____

PATIENT INFORMATION

Name: _____

Diagnosis: _____

Age: _____ Height: _____ Weight: _____ Sex: _____

Shoe Size: _____ Shoe Style: ☐ Athletic ☐ Casual-Leisure ☐ Dress

Sports: _____

Occupation: _____

Activity Level: ☐ Low ☐ Medium ☐ High

STRIDE FOOT ORTHOTICS

See product brochure for complete descriptions of orthotic features

- | | |
|----------------------------------|--|
| <input type="checkbox"/> BFO | Basic Foot Orthotic |
| <input type="checkbox"/> FBFO | Full Length Basic Foot Orthotic |
| <input type="checkbox"/> EBFO | Extended Basic Foot Orthotic |
| <input type="checkbox"/> FEBFO | Full Length Extended Basic Foot Orthotic |
| <input type="checkbox"/> DFO | Dress Foot Orthotic |
| <input type="checkbox"/> SDFO | Slim Dress Foot Orthotic |
| <input type="checkbox"/> DEPTH | Depth Foot Orthotic |
| <input type="checkbox"/> FDEPTH | Full Length Depth Foot Orthotic |
| <input type="checkbox"/> EDEPTH | Extended Depth Foot Orthotic |
| <input type="checkbox"/> FEDEPTH | Full Length Extended Depth Foot Orthotic |
| <input type="checkbox"/> ACFO | Accommodative Foot Orthotic |
| <input type="checkbox"/> PFO | Pediatric Foot Orthotic |

3/4 Length Orthotic



Full Length Orthotic

INLAYS OR EXTRAS

- | | |
|---------------------------------|------------------------------|
| <input type="checkbox"/> MLA | Medial Longitudinal Arch Pad |
| <input type="checkbox"/> HC | Heel Cushion |
| <input type="checkbox"/> MTM | Metatarsal Mound |
| <input type="checkbox"/> MTBAR | Metatarsal Bar |
| <input type="checkbox"/> CUTOUT | Cutouts (any) |
| <input type="checkbox"/> EXTRA | Extra Technical Addition |

TOPCOVER OPTIONS

Check orthotic topcover preference, select only one

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Neolon | Included in any full length new orthotic pricing. Additional fee if done as an add-on to an existing orthotic. |
| <input type="checkbox"/> Jfoam | |
| <input type="checkbox"/> Vinyl | |
| <input type="checkbox"/> Plastizote | |

REFURBISHMENTS

- ☐ 3/4 Length
☐ Full Length
☐ Technical or Non-Stride Orthotics

HEEL LIFTS

- ☐ Up to 1/4" ☐ Attached ☐ Detached
☐ Up to 1/2" detached lift to sulcus

SHIPPING OPTIONS

- ☐ Standard ground delivery 3-5 days
☐ Expedited shipping services available, call for pricing

Special Instructions: _____

All Forms are available on our website www.strideorthotics.com