



STRIDETM
CUSTOM ORTHOTICS



Contract Holder
Contract GS-07F-0161W

ORDER FORM

ACCOUNT INFORMATION

PATIENT INFORMATION

Office: _____ Name: _____

Practitioner's Name: _____ Diagnosis: _____

Phone: _____ P.O.#: _____ Age: _____ Height: _____ Weight: _____ Sex: _____

Shipping Address: _____ Shoe Size: _____ Shoe Style: Athletic Casual Leisure Dress
(please choose only one shoe style per order)

_____ Sports: _____

Billing Address: _____ Occupation: _____

_____ Activity Level: Low Medium High

STRIDE FOOT ORTHOTICS

See product brochure for complete descriptions of orthotic features

- | | | |
|----------------------------------|----------|--|
| <input type="checkbox"/> BFO | \$ 50.00 | Basic Foot Orthotic |
| <input type="checkbox"/> FBFO | \$ 50.00 | Full Length Basic Foot Orthotic |
| <input type="checkbox"/> EBFO | \$ 50.00 | Extended Basic Foot Orthotic |
| <input type="checkbox"/> FEBFO | \$ 50.00 | Full Length Extended Basic Foot Orthotic |
| <input type="checkbox"/> DFO | \$ 50.00 | Dress Foot Orthotic |
| <input type="checkbox"/> SDFO | \$ 50.00 | Slim Dress Foot Orthotic |
| <input type="checkbox"/> DEPTH | \$ 50.00 | Depth Foot Orthotic |
| <input type="checkbox"/> FDEPTH | \$ 50.00 | Full Length Depth Foot Orthotic |
| <input type="checkbox"/> EDEPTH | \$ 50.00 | Extended Depth Foot Orthotic |
| <input type="checkbox"/> FEDEPTH | \$ 50.00 | Full Length Extended Depth Foot Orthotic |
| <input type="checkbox"/> ACFO | \$ 50.00 | Accommodative Foot Orthotic |
| <input type="checkbox"/> PFO | \$ 50.00 | Pediatric Foot Orthotic |



INLAYS OR EXTRAS

- | | | |
|---------------------------------|----------|------------------------------|
| <input type="checkbox"/> MLA | \$ 50.00 | Medial Longitudinal Arch Pad |
| <input type="checkbox"/> HC | \$ 50.00 | Heel Cushion |
| <input type="checkbox"/> MTM | \$ 50.00 | Metatarsal Mound |
| <input type="checkbox"/> MTBAR | \$ 50.00 | Metatarsal Bar |
| <input type="checkbox"/> CUTOUT | \$ 50.00 | Cutouts (any) |
| <input type="checkbox"/> EXTRA | \$ 50.00 | 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

- | | |
|--|----------|
| <input type="checkbox"/> 3/4 Length | \$ 50.00 |
| <input type="checkbox"/> Full Length | \$ 50.00 |
| <input type="checkbox"/> Technical or Non-Stride Orthotics | \$ 50.00 |

HEEL LIFTS

- | | | | |
|---|-----------------------------------|-----------------------------------|----------|
| <input type="checkbox"/> "Up to 1/4" | <input type="checkbox"/> Attached | <input type="checkbox"/> Detached | \$ 50.00 |
| <input type="checkbox"/> "Up to 1/2" by detached lift to sulcus | | | \$ 50.00 |

RUSH SERVICE FEES

- Standard turnaround is 10 - 15 days
- | | |
|--|---------|
| <input type="checkbox"/> 5 - 8 work days | \$35.00 |
| <input type="checkbox"/> 3 - 4 work days | \$75.00 |

SHIPPING OPTIONS

- | |
|---|
| <input type="checkbox"/> Standard ground delivery 3 - 5 days |
| <input type="checkbox"/> Expedited shipping services available, call for pricing. |

Special Instructions: _____

PLEASE SEND: MAILING BOXES MAILING LABELS EVALUATION FORMS ORDER FORMS