

\*Store ID#: \_\_\_\_\_ Clinician: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

\*PATIENT NAME first \_\_\_\_\_ m.i. \_\_\_\_\_ last \_\_\_\_\_

Shoe Size \_\_\_\_\_ Width \_\_\_\_\_ \*Template # \_\_\_\_\_  Male  Female

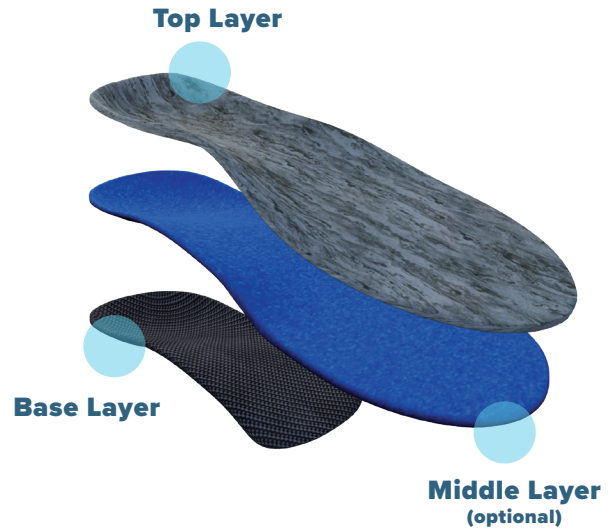
REQUIRED FIELD \* Select your options below

Quantity Ordered \_\_\_\_\_  Left Only  Right Only  
(Pairs if not selected)

### TOP LAYER

3/4 Length  Sulcus  Full Length (default if none selected)

1 mm	2 mm	3 mm
<input type="checkbox"/> Black Naugahyde	<b>MICROCELL PUFF</b>	<b>MICROCELL PUFF</b>
<input type="checkbox"/> Brown Naugahyde	35 DM <input type="checkbox"/> Camo Swirl	35 DM <input type="checkbox"/> Camo Swirl
	<input type="checkbox"/> Pink Swirl	<input type="checkbox"/> Pink Swirl
	<input type="checkbox"/> Blue Swirl	<input type="checkbox"/> Blue Swirl
	<input type="checkbox"/> Black Solid	<input type="checkbox"/> Black Solid
<input type="checkbox"/> Spenco	20 DM <input type="checkbox"/> Pink Puff (Tan)	20 DM <input type="checkbox"/> Pink Puff (Tan)
	<input type="checkbox"/> Lt Blue Puff	<input type="checkbox"/> Lt Blue Puff
	15 DM <input type="checkbox"/> Pink Plastazote	15 DM <input type="checkbox"/> Pink Plastazote
	<input type="checkbox"/> Blue Plastazote	<input type="checkbox"/> Blue Plastazote
		25 DM <input type="checkbox"/> Spenco
Other: <input type="checkbox"/> 4.5mm Spenco		



### MIDDLE LAYER

- 1.5mm Neoprene/Spenco  2mm Poron  
 3mm Neoprene/Spenco  3mm Poron

Ship to:  
**Arch Fitters**  
**1625 SE Hogan Rd, Suite G**  
**Gresham, OR 97080**

Special Instructions: