



CANADA ORTHOMEDIX Inc.™

Tel: (416) 633-3668(Foot), (416) 398-9169 Fax: (416) 633-3677
501 Champagne Dr. North York, Ontario M3J 2C6 www.canadaorthomedix.com

FOR OFFICE USE ONLY

Date in:	
Date out:	
Number:	

PATIENT INFORMATION

CLINIC INFO:

First Name:

Last Name:

Weight lbs:

Gender:

Shoe Size:

Type of shoes:

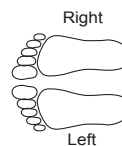
1. BIOMECHANICAL EXAMINATION FINDINGS

Arch Height: non-weight bearing

☐ High ☐ Medium ☐ Low

Arch Height: weight bearing

☐ High ☐ Medium ☐ Low



2. TYPES OF ORTHOTICS

☐ Sport

- 3mm Cushion - Sports Blue ETC
- ☐ R. F. P

☐ Casual

- 2mm Cushion - Vinyl Top Cover

☐ Dress

☐ Fashion Dress

- 1mm Cushion - Vinyl top Cover

☐ Soft Diabetic

- 2mm Cushion+3mm Plastazote, EVA

☐ Marathon

- 3mm arch fill, 3mm Cushion Sport Black ETC

☐ UCBL Children

- Rigid Plastic with 3mm kid's cover

☐ Soft Comfort ☒ NEW

- 2mm Cushion, EVA

☐ Super Flex

- Semi flex plastic, 3mm EVA arch fill, 3mm Sport Black ETC

☐ Safety Medix

- 1mm Fore Foot and 3mm Cushion Sport Black ETC

3. TYPES OF UNDERLAY

☐ Vinyl ☐ Microcell ☐ Black ☐ Navy ☐ Green ☐ Red

4. LENGTH

☐ Full Length ☐ Sulcus ☐ 3/4 (to Mets)

5. TYPES OF TOP COVERS

☐ Vinyl

- ☐ Black ☐ Red
- ☐ Navy ☐ Grey
- ☐ Brown

☐ Sports

- ☐ Black ☐ Red
- ☐ Navy ☐ Blue x-static
- ☐ Green

☐ Leather

☐ Suede

- ☐ Black
- ☐ Tan
- ☐ Brown

☐ Microcell

- ☐ Black ☐ Red
- ☐ Navy ☐ Green
- ☐ Brown ☐ Yellow

6. TYPES OF SHELL

☐ Rigid ☐ Semi Flex ☐ Soft EVA ☐ Soft Trilaminate

7. SHOES

☐ Style #: _____ Color #: _____ Size #: _____
☐ Style #: _____ Color #: _____ Size #: _____
☐ Sandal #: _____ Color #: _____ Size #: _____

8. ADDITIONAL MODIFICATIONS



Heel Spur Pad:

☐ Both ☐ Left ☐ Right



Heel Cushion:

☐ Both ☐ Left ☐ Right



Met Pad:

☐ Both ☐ Left ☐ Right



Met Bar Pad:

☐ Both ☐ Left ☐ Right



Center Pocket:

☐ Both ☐ Left ☐ Right



Deep Heel Cup:

_____ mm



Rear Foot Posting:

☐ Both ☐ Left ☐ Right



Heel Raise:

☐ Left _____ mm ☐ Right _____ mm



Reinforced Arch:

☐ Both ☐ Left ☐ Right



1st Ray Cut Out:

☐ Both ☐ Left ☐ Right



Morton's Extension:

☐ Both ☐ Left ☐ Right



Reverse Morton Extension:

☐ Both ☐ Left ☐ Right



High Medial Flange:

(On Top Cover)

☐ Both ☐ Left ☐ Right



Extrinsic Fore Foot Wedge:

☐ Varus ☐ Valgus Left _____° Right _____°



Extrinsic Rear Foot Wedge:

☐ Varus ☐ Valgus Left _____° Right _____°



☐ Include in toeing in

☐ Include out toeing



Navicular Pad:

☐ Both ☐ Left ☐ Right



Navicular Depression:

☐ Both ☐ Left ☐ Right



Toe Crest:

☐ Both ☐ Left ☐ Right



Kinetic Wedge:

☐ Both ☐ Left ☐ Right



Scaphoid Pad:

☐ Both ☐ Left ☐ Right



Cuboid Depression:

☐ Both ☐ Left ☐ Right



Cuboid Pad:

☐ Both ☐ Left ☐ Right

9. ADDITIONAL REQUESTS

10.

Total combo shoes and orthotics # _____

Total shoes only # _____

Total orthotics only # _____

Repeat Order form the cast on file # _____

Please Send Insole Trace For Best Fit Orthotics

Warranty on Custom made Orthotics

1. 6 month warranty on all top covers against breakage or tear (any damage not covered by warranty will insure \$25.00 top cover replacement charges).
2. 1 year warranty on all shells against fracture and breakage.
3. Any modification after Shipping of the product will incur \$25.00 charge to cover time and material used.

Footwear return/Exchange policy

1. Footwear size exchanges are accepted up to 3 Weeks from the shipping date given the footwear has not been worn.
2. Providing footwear has not been worn Returns for credit is accepted with \$20.00 restocking fee and credit will be applied to your next statement.
3. Footwear Style exchange are acceptable only if that style is not available for size exchange.
4. Special orders are not returnable or exchangeable.
5. Please check all shoes upon receipt at your clinic for damage or incorrect size, style or colour.
6. Shoe only orders must always be faxed, emailed or delivered to Canada Orthomedix by using a SHOE-ORDER ONLY FORM.
7. Footwear must be returned with manufacturer's insoles & in its original, unmarked packaging.
8. Any shoe return with marked box[tape,shipping label or any writings on the box a \$20.00 fee will be added to the customer's account.
9. First time shoe order shipping is free.
10. All return shipping charges must be paid by the customer.
11. Drop off shoes for these reasons will incur \$10.00 fee applied:
 - a. Shoe Size exchange
 - b. Style exchange
12. All shoe orders will be subject to HST.

Women's Sizes		Men's Sizes		Youth Sizes	Years Old
Can/US	Euro	Can/US	Euro	Can/US	
4	35	3	36	12	4-6
5	36	4	37	13	
6	37	5	38	1	6-8
7	38	6	39	2	
8	39	7	40	3	
9	40	8	41	4	8-10
10	41	9	42	5	
11	42	10	43	6	
		11	44		
		12	45		
		13	46		
		14	47		

Billing policy

1. An Invoice will be sent with every order.
2. Your monthly statement will be sent to you at the beginning of each month for your last month's Orders.
3. Please arrange a Payment by the 15th of the month for the last month's Statement.
4. If we do not receive payment by the 15th of the month your credit card on file will be charged with additional 2% for credit card processing fee.
5. If your account is overdue more than 60 days or you past your credit amount with us your account will be put on hold until account balance is paid in full.

Pricing policy

1. Soft Orthotics and Soft Comfort orthotics will incur \$10.00 extra labor charge
2. Leather top cover will incur \$15.00 extra charges

Shipping

1. 3 or more orthotics orders you will receive free pickup and shipping
2. All return shipping charges must be paid by the customer.
3. Drop off shoes for these reasons will incur \$10.00 fee applied:
 - a. Shoe Size exchange
 - b. Style exchange
4. All rush orders will be shipped by the 4th day of Production at an extra charge of \$20.00 + \$10(Extra Shipping)