

39-28 Crescent Street, Long Island City, NY 11101

tel: 800.301.8275 fax: 718.391.0406

web: hersco.com Medicare Shoe Package \$285

| Account Name Address City Practitioner Name Patient Name Patient Weight Ibs Diagnosis Principal Reason for the Shoe Is Patient currently O Ambulatory OR O Non-Ambulatory PLEASE INCLUDE WEIGHT BEARING | e-mail M | |
|--|--|--|
| SHOE STYLE LOW TOP HIGH TOP (+ \$20) CHUKKA (+ \$20) OTHER* We recommend Chukka or High Top for those patients with; midfoot collapse, charcot deformity, severe edema, transmet amputations, severe pes plano valgus, and any type of brace. | Choose any 2 for FREE! Each additional is \$15 UPPER SPECIFICATIONS PADDED COLLARS PADDED TONGUES PLASTAZOTE LINING | |
| UPPER SPECIFICATIONS OPENING O Regular OR O Surgical CLOSURE O Lace OR O Velcro (+\$15) | INSOLE □ CORK INSOLE □ EXTRA pairs CUSTOM INSOLES ○ 1 ○ 2 □ OTHER | |
| COLOR BLACK DARK BROWN OTHER | OUTSOLE ROCKER OTHER Left Right | |
| CAST MODIFICATION EXTRA HIGH TOE BOX SNUG HEEL FIT EXTRA TOE ELONGATION DEPRESS AS MARKED ON CAST/DIAGRAM OTHER | □ LEAVE SOLE OFF FOR ADJUSTMENT □ SOLE STIFFENER Left Right □ FLARES ○ Medial OR ○ Lateral | |
| INSOLE D. 1/4" DINK AND WHITE DIACTAZOTE | LIFTS* | |

□ 1/4" PINK AND WHITE PLASTAZOTE
□ TOE FILLER* ____ Left ____ Right
* Additional charges may apply

| LIFTS* | | | | |
|------------|-----|---|----------|--|
| □ INTERNAL | OR | | EXTERNAL | |
| I | EFT | | RIGHT | |
| HEEL | in. | | in. | |
| BALL | in. | | in. | |
| TOE | in. | œ | in. | |

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FOOT TYPE

ARE THE PATIENT'S FEET;

O FLEXIBLE? RIGID OR

WHEN WEIGHT BEARING ARE TOES;

DOWN? **UP** OR

WHEN NON-WEIGHT BEARING ARE TOES;

UP OR

BRING LOWER LEG TO 90° BY;

CORRECTING CAST TO NEUTRAL

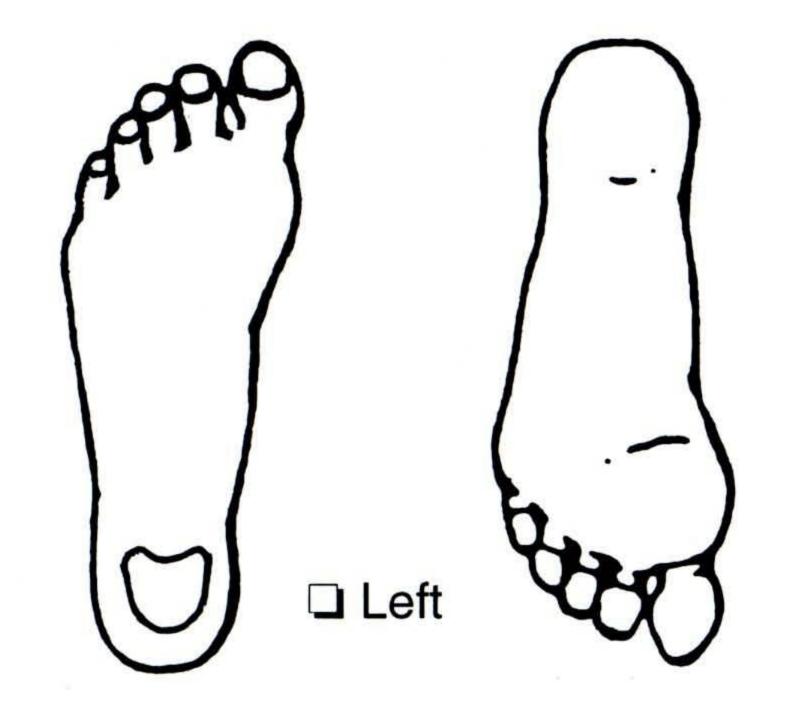
DOWN?

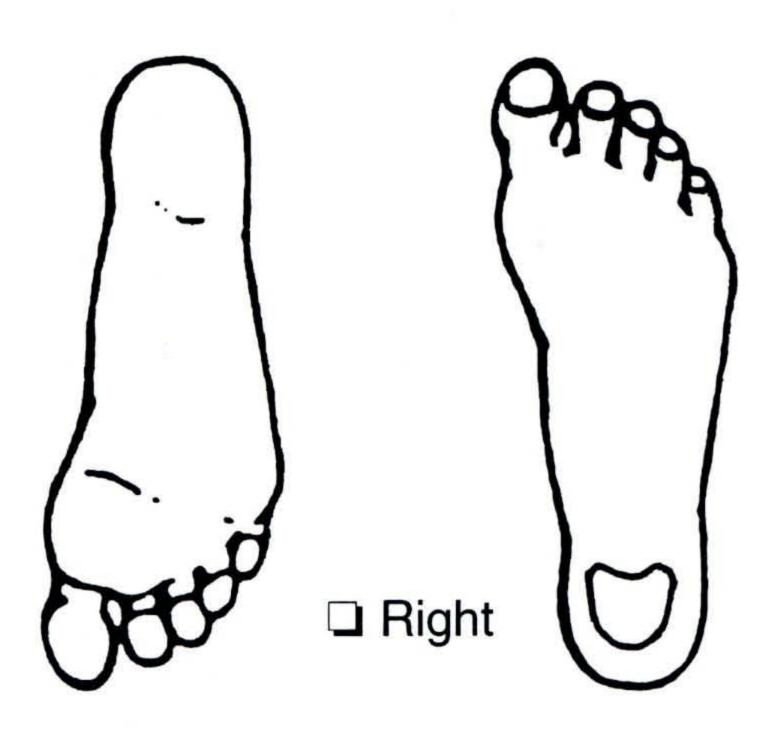
O BUILDING EXTERNAL LIFT UNDER HEEL OR

OR O LEAVE AS IS / DO NOT CORRECT

ARE PATIENT'S FEET SUBJECT TO EDEMA; O YES OR O NO?

® SPECIAL INSTRUCTIONS/NOTES





PLEASE INCLUDE WEIGHT BEARING TRACINGS OF PATIENT'S FEET