



Customer Information & Order Form

Customer Name _____ Date ____/____/____

Address _____

City / State _____ Zip Code _____

Day Phone (____) _____ Night Phone (____) _____

E-Mail Address _____

Age _____ Sex M F Height _____ Weight _____ Shoe Size _____

Foot Related Problems * _____

Special Medical Problems * _____

Have You Worn Orthotics Before? ** Y N

General Use Orthotics:

_____ All Activity \$159/pr _____ Walk \$149/pr _____ 3/4 Length Dress \$139/pr
_____ Special Care \$159/pr (* describe condition above)

Sport Orthotics:

_____ Running \$159/pr _____ Court Sport \$159/pr _____ Alpine Ski \$139/pr
_____ Nordic Skiing \$149/pr _____ Snowboard \$139/pr _____ Turf Sport \$149/pr
_____ Skate \$149/pr _____ Cycling \$139/pr _____ Water Sport \$149/pr

*Additional pairs discounted \$40/pair

Sandal Model _____ Size _____ Color _____

Shipping Address (if different than above)

Name _____

Street _____

City/State _____ Zip Code _____

Day Phone (____) _____ Night Phone (____) _____

IMPORTANT!!!

Accurately trace one insole from the shoe or your foot on the back of this form. If you have any questions, please call 208-386-3338 or Toll Free 888-477-0284

Email: mail@footdynamics.com • www.footdynamics.com

Notes:

* Please indicate if you have chronic knee or back problems, diabetes, polio, scoliosis, allergies or any other pertinent medical information.

** If you currently use orthotics in your shoes, please provide information on what foot problem the orthotics were prescribed for.

Mail to:

Foot Dynamics
1021 Main Street
Boise, ID 83702-5706

LAB USE ONLY

Date Rec'd _____

Date Shipped _____

Shell Material

_____ 3mm Copoly _____ 2mm Copoly

_____ Std Nylon _____ Slim Nylon

_____ Wide Nylon _____ Rigid Nylon

Shell Material

_____ 3mm HDC _____ 2mm HDC

_____ 3mm Celmax _____ Vinyl

_____ 2mm Celmax _____ Plastizote

_____ Leatherette _____

Post / Fill

_____ Cork _____ Soft Foam

_____ Heel Post

Trim Size _____

Additions _____
