



INSPIRE OTHERS TO MOVE. You have the **GIFT** to influence others. To start a **MOVEMENT** that makes **LIFE BETTER** for them. **GREAT LEADERS** don't tell you what to do, they *show you* how it's done. Thank you for making the time to give your patients the **BEST CARE.**

MOJOFEET CUSTOMER INFORMATION

Customer Name _____ Phone Number _____

Clinic Name _____

PATIENT INFORMATION AND EVALUATION

Patient Name _____ M / F Date of Birth _____

BODY WEIGHT _____ lbs Shoe Size _____ For best fit, trace the shoe insert on the back of this form.

FOOT MOBILITY ASSESSMENT: (check one and indicate R/L if different) Flexible R / L **Average Flexibility** R / L Rigid R / L

CLINICAL NOTES: (YOU KNOW...INJURIES, DEFORMITIES, ASYMMETRIES ETC.)

Rx _____

MOJOFEET ORTHOTIC DESIGN OPTIONS (Default options in **BOLD**)

PLASTIC SHELL

Heel Cup (pick one) Shallow (dress shoes) **Medium** (most shoes) Deep (extra foot control)
Width (pick one) **Standard** Narrow (dress shoe or constricting shoe)
Color (pick one) **White Plastic** Black Plastic

TOP COVER

Length **Long** Short (dress shoe)
Thickness **Thicker (3mm Foam)** Thinner (1.5mm Foam)
Material **Ultrasuede** Bioskin Cordura
Color **Black** Blue

BOTTOM COVER will be full length cordura, unless you check this box - 1/2 length bottom cover only

ADD (\$=additional fee -see Mojo Prices) Heel Lift _____mm R _____mm L Full Foot Lift _____mm (\$)
 Kid's Mojo Plan(\$)
 Kid's Mojo Plan Replacement Pair

MOJO PREFABS (Add to order, see Mojo Prices)

1 pair Size _____ 12 Pack - includes display case

SPECIAL INSTRUCTIONS, MODIFICATIONS OR JUST A NOTE TO SAY HELLO...

