

## MOJOFEET CUSTOMER INFORMATION

Doctor's 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:**  Flexible R / L  **Average Flexibility** R / L  Rigid R / L  
 (check one and indicate R/L if different)

## 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 (Black only)  Cordura  D3O (Only available in 3mm thickness)

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

## MOJO FOAM

I need more foam! Please send me a:  6 Pack  12 Pack

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

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