



4674 Priem Lane, Ste 101
 Pflugerville, TX 78660
 Phone/Fax: 844 OP TITAN
 (844) 678-4826
 www.titanopfab.com
 Andrew@titanopfab.com

Company Name: _____
 Contact: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

Date Needed By:

PO: _____

Standard Fabrication

4-5 Business Days

(Please allow time for shipping)

- 1 Day Rush: 30% charge
- 2 Day Rush: 20% charge
- 3 Day Rush: 10% charge

SHOE WORK ORDER

Patient Name: _____ Height: _____ Weight: _____

Sex: Male Female Age: _____ Side: Left Right Bilateral Shoe Size: _____

Men's: Left Right Women's: Left Right

Number of shoes to be modified: _____

Shoe Size: _____

Shoe will be attached to brace: Yes No

MODIFICATION TYPE

Rocker Sole: _____

Heel/Soles Lift: _____

Heel Lift:
 Internal: Yes No Amount _____

External (Tapered to Met Head) Amount _____

Sole Wedge: Medial Lateral Amount _____

Sole Outflare: Medial Lateral Amount _____

Bolster: Left Right Medial Lateral Amount _____

Steel Shank: Left Right

Other: