

# ACOR<sup>®</sup> PRIME

ACOR Orthopaedic, Inc.  
 18530 South Miles Parkway  
 Cleveland, Ohio 44128  
 ph: 800-237-2267 (select option 1)  
 fax: 800-830-8445  
 email: customshoe@acor.com

FOR INTERNAL USE ONLY: Work Order Number: \_\_\_\_\_

## CUSTOM ORTHOTIC ORDER FORM (A5513)

Ship to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Bill to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Choose a Shipping Method:

<b>FedEx</b>	<b>UPS</b>
<input type="checkbox"/> 1 Day	<input type="checkbox"/> 1 Day
<input type="checkbox"/> 2 Day	<input type="checkbox"/> 2 Day
<input type="checkbox"/> Ground**	<input type="checkbox"/> Ground**

**\*\* -Included in Price- other selections have additional charges**

Purchase Order No.: \_\_\_\_\_

**About the Patient:**  
 Name: \_\_\_\_\_  
 Age \_\_\_\_ Weight: \_\_\_\_\_ lbs.  Male  Female  
 Worn ACOR Custom Orthotics before?  Yes  No  
 If so, Date: \_\_\_\_\_  
 Activity Level:  1  2  3  4  
 Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If not ordering shoes, please supply the following information:  
 Manufacturer: \_\_\_\_\_  
 Size: \_\_\_\_\_ Width: \_\_\_\_\_ Toe Shape:  Oblique  Standard

CUSTOM ACCOMMODATIVE ORTHOTICS			
2-layer - \$75 per 3 Pairs			
Standard Mods included in price!			
ITEM	DESCRIPTION	(A5513)	QTY in PAIRS
CORT-96	Pink P-Cell <sup>®</sup> + White Microcel Puff <sup>®</sup> 40 dur		_____
CORT-98	Pink P-Cell <sup>®</sup> + Natural Multicork <sup>™</sup>		_____

CUSTOM ACCOMMODATIVE ORTHOTICS			
3-layer - \$80 per 3 Pairs			
Standard Mods included in price!			
ITEM	DESCRIPTION	(A5513)	QTY in PAIRS
CORT-9P6	Pink P-Cell <sup>®</sup> + PORON Medical <sup>®</sup> Urethane + White Microcel Puff <sup>®</sup> 40 dur		_____
CORT-9P8	Pink P-Cell <sup>®</sup> + PORON Medical <sup>®</sup> Urethane + Natural Multicork <sup>™</sup>		_____
CORT-6P6	Blue Microcel Puff <sup>®</sup> 35 dur + PORON Medical <sup>®</sup> Urethane + White Microcel Puff <sup>®</sup> 40 dur		_____
CORT-6P8	Blue Microcel Puff <sup>®</sup> 35 dur + PORON Medical <sup>®</sup> Urethane + Natural Multicork <sup>™</sup>		_____

Check here if no modifications needed

**Fill In to Order Shoes Here:**  
 Shoe Style/ Item Number \_\_\_\_\_  
 Color: \_\_\_\_\_  
 Size: \_\_\_\_\_ Width: \_\_\_\_\_

**MODIFICATIONS ON NEXT PAGE**

COPY THIS PAGE AND USE FOR FUTURE ORDERS

→ **FREE GROUND SHIPPING BOTH WAYS!** ←

