

Name:	Customer # :
Address1:	Ship Code:
Address2:	
City:	State: Zip Code:



Mens Shoe Order Form

Date: _____

Ordered By: _____

Patient Name (Please Print) _____

PO# (If Applicable) _____

Pairs of Heat Moldable Inserts ___ 0 ___ 1 ___ 2 ___ 3

Pairs of Gel Inserts ___ 0 ___ 1 ___ 2 ___ 3

Pairs of Custom Inserts From Original Scan? ___ 0 ___ 1 ___ 2 ___ 3
 ___ Y

Please select Style, Size, Width and Pairs of Inserts.

___ BOSS BLACK	___ ENDURANCE PLUS BLACK LACE	___ ROBERT BLACK	Size:
___ BOSS CHESTNUT	___ ENDURANCE PLUS WHITE LACE	___ ROBERT CHESTNUT	___ 7 1/2
___ BEACH COMBER BLACK	___ ERIC BARK	___ ROBERT KHAKI	___ 8
___ BEACH COMBER CHESTNUT	___ ERIC BLACK	___ ROBERT WHITE	___ 8 1/2
___ BRIAN ACORN LYCRA	___ FISHERMAN BLACK	___ SCOTT BLACK	___ 9
___ BRIAN BLACK LYCRA	___ FISHERMAN CHESTNUT	___ SCOTT CHESTNUT	___ 9 1/2
___ CHAMPION BLACK VELCRO	___ FRANK BARK	___ SCOTT KHAKI	___ 10
___ CHAMPION WHITE VELCRO	___ FRANK BLACK	___ SCOTT WHITE	___ 10 1/2
___ CHAMPION PLUS BLACK LACE	___ JUSTIN BLACK	___ STALLION BLACK	___ 11
___ CHAMPION PLUS WHITE LACE	___ JUSTIN CHESTNUT	___ STALLION CHESTNUT	___ 11 1/2
___ COMFORT PLUS BLACK	___ MIKE TWO TONE	___ STALLION KHAKI	___ 12
___ COMFORT PLUS WHITE	___ PATRICK BLACK	___ STALLION CHESTNUT	___ 13
___ DAVID BLACK	___ PATRICK CHESTNUT	___ PROTECTOR BLACK (Steel-toed)	___ 14
___ DOUGLAS BLACK	___ PATRICK TWO TONE	___ PROTECTOR CHESTNUT (Steel-toed)	___ 15
___ DOUGLAS CHESTNUT	___ PERFORMANCE BLACK/GRAY	___ WILLIAM BLACK	Width:
___ ENDURANCE BLACK VELCRO	___ PERFORMANCE GRAY/YELLOW	___ WILLIAM CHESTNUT	___ M = B/C/D
___ ENDURANCE WHITE VELCRO	___ RANGER BLACK	___ WILLIAM KHAKI	___ W = E/EE
	___ RANGER CHESTNUT	___ WILLIAM X BLACK (Double Depth)	___ XW = EEE/EEEE

Size 12 1/2, 13 1/2, and 14 1/2 not available!

Please Fax Orders to: 262-242-9300 or 262-236-8466 Online Ordering: www.drcomfortdpm.com

Now Available - Dr. Comfort Socks !