

Ship To:

Active Medical  
Active Medical  
120 Prosperous Place  
Suite 103  
Lexington, KY 40509  
859-421-1195

14878

Easy Ways to Order:

Online: www.SafeStep.net  
Fax: 631-392-7133 Phone: (866) 712-STEP (7837)  
(Monday - Friday 9AM-6PM EST)  
Mail: 2905 Veterans Memorial Hwy. Ronkonkoma, NY 11779

Patient Name: \_\_\_\_\_

Coupon Code: \_\_\_\_\_

**Shoes and Prefabricated Inserts**

Shoe Item #	Shoe Brand / Description	Gender	Size	Width	Qty.

Include choice of pre-fabricated inserts: Bi-Lam ( \_\_\_\_\_ Qty.) **OR** Tri-Lam ( \_\_\_\_\_ Qty.) or complete section below for custom inserts

**Custom Inserts**

*If this form accompanies foam box and no quantity of inserts is indicated, 3 pair will be made.*

**Custom Inserts**

Quantity	SafeStep
	Better (bilaminar)
	Best (trilaminar)

Include foot tracing for partial foot filler

<input type="checkbox"/> 1 Left Partial Foot Filler (L5000) <input type="checkbox"/> 3 Right Custom Inserts <input type="checkbox"/> 1 Right Partial Foot Filler (L5000) <input type="checkbox"/> 3 Left Custom Inserts	Other Qty.
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Accommodations\* - Plantar View



Right	Left
Sub Met	
<input type="checkbox"/>	1 <input type="checkbox"/>
<input type="checkbox"/>	2 <input type="checkbox"/>
<input type="checkbox"/>	3 <input type="checkbox"/>
<input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/>	5 <input type="checkbox"/>
Met Pad	
<input type="checkbox"/>	<input type="checkbox"/>
Arch Height	
<input type="checkbox"/>	High <input type="checkbox"/>
<input type="checkbox"/>	Med <input type="checkbox"/>
<input type="checkbox"/>	Low <input type="checkbox"/>



\*Special accommodations may incur extra charges  
Custom inserts fit best in shoes with most added depth and removable spacers including OrthoFeet and Apex.

Feet asymmetrical, make inserts match casts  
Accommodations **MUST** be indicated on form and in foam.

Please provide patient shoe information if not ordering shoes with custom inserts:

Manufacturer:	Model:	Gender	Size	Width

**Special Instructions:** (Place this order form into impression foam box. Ship using UPS Custom Insert prepaid label.)

Order case of 12" impression foam 12 boxes

**Notes:**

Medicare orders must be entered online. Check orders for completeness and accuracy before faxing. If this is your first order and you are not already a SafeStep member we will register you for FREE and send you start-up items including sample shoes, Ritz stick, catalogs and more.