

M.G. GRUNDMAN & SONS, INC.

ORDER FORM

M.G. GRUNDMAN & SONS, INC.
P.O. Box 404
906 N. 7th St. • Vincennes, IN 47591
812-882-4770
800-726-4770

FITTING POLICY

M.G. Grundman & Sons, Inc. will guarantee the fit of our custom shoe providing we are supplied with the following: accurate casting, measurements as requested, appropriate pictures, and p.o.g. footprint. If above information is not provided, we will manufacture shoes to match your cast at no guarantee. If measurements do not match your casts, we reserve the right to request additional information. If additional information is not available we reserve the right to alter our fit policy to include either one adjustment at no charge or charged adjustments only.

PLEASE FILL OUT THIS FORM COMPLETELY AND MAKE THE ELONGATION TRACINGS INSIDE.

Bill To _____
Name of Firm _____
Address _____
City _____ State _____ Zip _____
Area Code _____ Phone _____
Purchase Order No. _____ Date _____

Name of Physician or Technician

Ordering Shoes or Boots

Name _____
Date _____
Signature _____

Ship Via: UPS _____ 1st Day Air _____ 2nd Day Air _____

Patient Name _____
Occupation _____ Age _____ Sex _____ Ht. _____ Wt. _____

Indicate any limb shortness _____

Shoe style number _____ shoe color _____ moulded _____ welt _____ stitch down _____ pullover _____

Construction choice: (please circle one) (A) Extralite (B) Lightweight (C) Regular (D) Heavy Duty

Custom Shoes not perforated unless specified. CHECK HERE IF PERFORATION IS DESIRED.

- A) **Extra Lite: Garment Leather Upper (2 - 2 1/2 oz.)**
No leather insole or midsole, matching wedgie heel height.
12 iron moreflex sole. For chronic, lo-ambulatory, ultra sensitive foot conditions, *(little old ladies)*.
Extra lightweight thermocork foot bed.
- B) **Lightweight: Glove Leather Uppers (3 oz.)**
3 iron insole, no midsole, extra lightweight thermocork foot bed
matching wedgie heel height, 12 iron moreflex sole, for moderate,
sensitive foot conditions *(most ladies or small statured men)*.
- C) **Regular: Regular upper leathers (3 - 3 1/2 oz.)**
3 iron insole, lightweight thermocork foot bed, matching
wedgie heel height, customer's sole choice for most active men
without chronic sensitive foot conditions.
- D) **Heavy Duty:**
Same as regular, only heavier materials. We reserve the right to
recommend switching to stitch down or welt construction as both will
afford greater wear, heavy duty construction recommended for
severe work environments.

The above descriptions are guidelines for custom molded shoes. The same basic deviations can be applied to stitchdown, welt, and cement construction. Customers accept liability for construction choice selection.

Circle One:

Box Toe Type A) Soft B) Firm C) Rigid Celastic D) Fibreglass
Heel Counter Type A) Soft B) Firm C) Rigid Celastic D) Extra Rigid Fibreglass
Heel Counter Length (indicate in or out) A) Regular B) Long

SPECIAL INSTRUCTIONS & MODIFICATIONS

Circle One - Elongate Casts 3/8" 5/8" 3/4" 1"


Type of insert _____
Heel Height Foot Casted LF _____ RF _____
Feet must be casted in heel height requested. If requested heel height does not match cast we will manufacture shoe heel height to match casts. If we must alter cast to match requested heel height customer is liable.

ROCKER BOTTOM **At Tip.** Rigid rocker with full-length steel shank. Check if no shank




Matching sole **STYLE A**

 Rocker from behind ball to
 at Sulcus, under outsole.

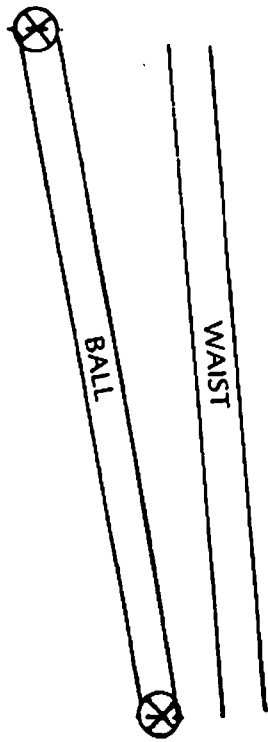
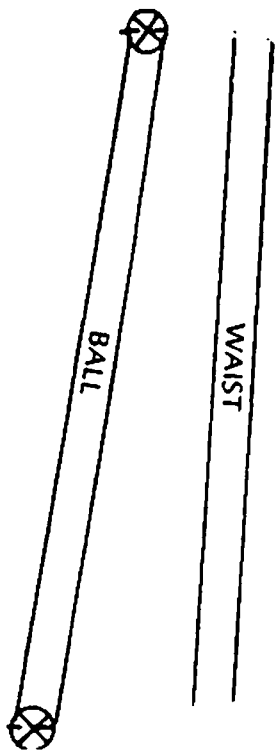


Matching sole **STYLE B**

 Regular sole.
 at sulcus.



Matching sole **STYLE C**



CIRCUMFERENCE SITTING WITH SOX ON

- A. 1st to 5th Met. Heads Circumference
- B. 1 Inch Behind Met Heads Circumference
- C. Instep
- D. Talus to Calcaneous
- E. Ankle at Oxford Top Line
- F. Smallest Girth Above Ankle — 6"
- G. At 8"
- H. Thickest Part of Calf — Indicate Height Measurement Taken

RIGHT FOOT

Current Shoe Size _____

STANDING:
 Length _____
 Ball Width _____

SITTING:
 Length _____
 Ball Width _____

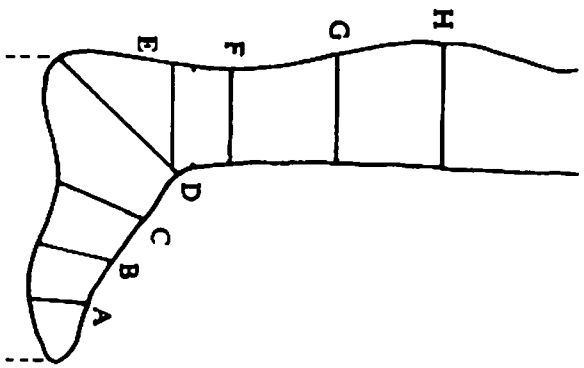
Please Make Measurements In Inches

WHICH INSTEP DO YOU HAVE? (Check One)

HIGH

MEDIUM

LOW



A	B	C	D	E	F	G	H

LEFT FOOT

Current Shoe Size _____

STANDING:
 Length _____
 Ball Width _____

SITTING:
 Length _____
 Ball Width _____

Please Make Measurements In Inches

WHICH INSTEP DO YOU HAVE? (Check One)

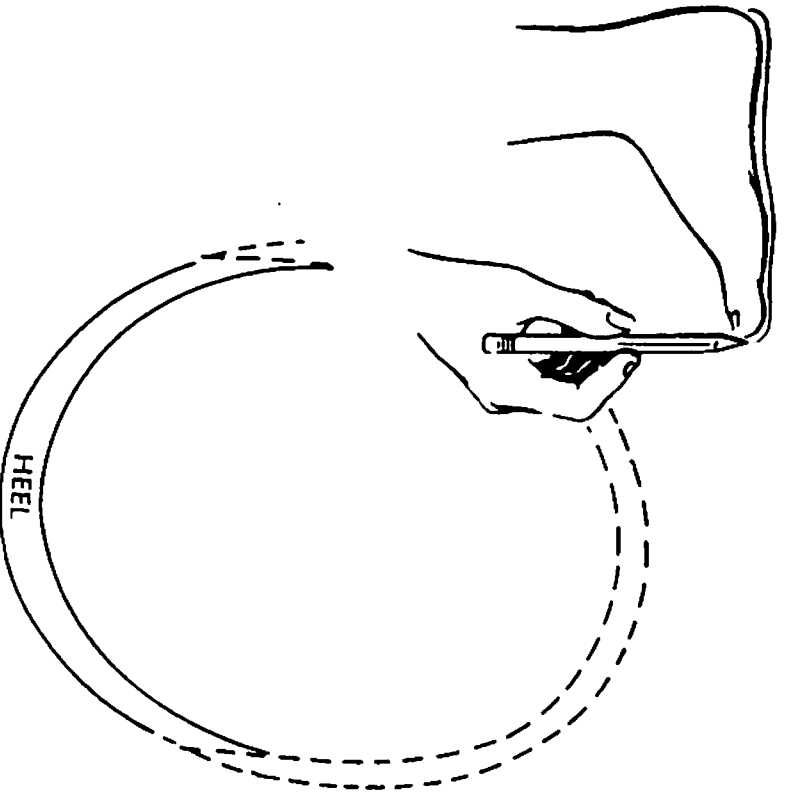
HIGH

MEDIUM

LOW

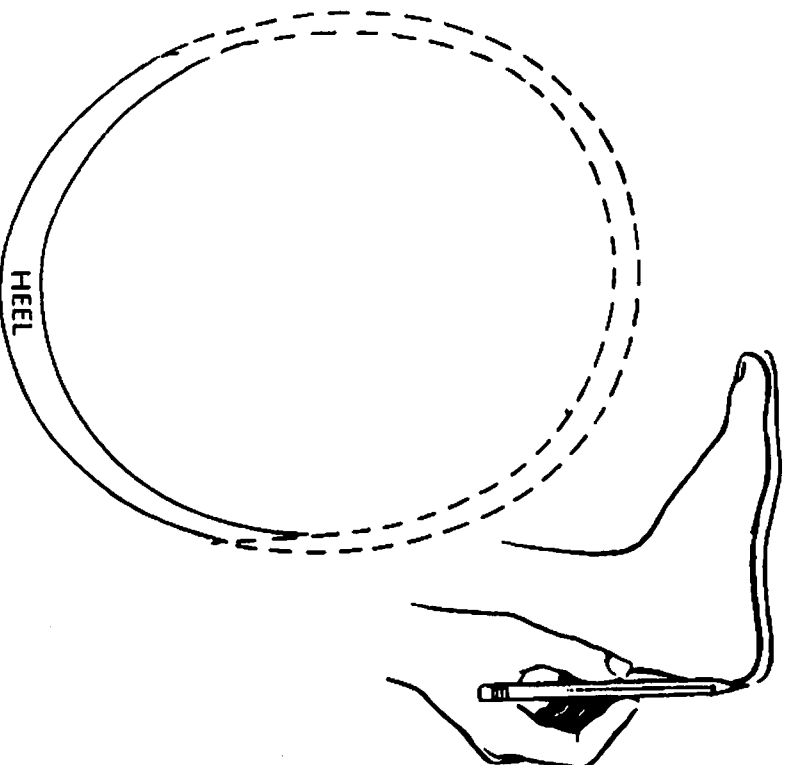
ELONGATION TRACINGS

RIGHT HEEL

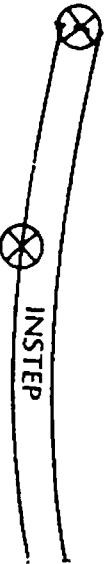


Trace Both
Feet Standing

LEFT HEEL



Draw each outline carefully, holding pencil STRAIGHT UP AND DOWN AT ALL TIMES as illustrated below. Please use soft lead pencil so markings will be black & clear. Do not use ball point pen.



SPECIAL COMMENTS

CAUTION!

THIS IS A PROFESSIONALLY MANUFACTURED PRODUCT AND ITS USE OR APPLICATION CAN ONLY BE PRESCRIBED BY A PHYSICIAN. PHYSICIAN AND PATIENT ASSUME FULL RESPONSIBILITY FOR ANY APPLICATION OF OUR PRODUCTS. WE GUARANTEE AND STAND BEHIND ALL WORKMANSHIP OF OUR PRODUCT. WE ARE NOT RESPONSIBLE FOR ANY MODIFICATIONS MADE AFTER OUR PRODUCT HAS BEEN DELIVERED.