



1050 W. Central Ave., Suite D, Brea, CA 92821
Toll Free: 866-936-7463
818-991-3736 Fax: 818-991-4951
www.tenderfeetshoes.com

Express Order Form

Today's Date: _____

Company Name: _____

Contact: _____

Company Address: _____

Company Phone Number: _____

Patient Name: _____

Gender of Patient: Male Female

Patient's Common Shoe Size -

Length: _____ Width: _____

Brannock Device or Ritz Stick Measurement -

Length: _____ Width: _____

Therapeutic Footwear for Diabetic Beneficiaries Includes: 3 pair heat-moldable Accommodative Inserts

Shoe Selection - Please "X" desired selection:

- | | |
|--|---|
| <input type="checkbox"/> Black Leather Strap | <input type="checkbox"/> Beige Leather Mary Jane |
| <input type="checkbox"/> Black Leather Lace | <input type="checkbox"/> Etonic White Leather Strap |
| <input type="checkbox"/> Black Lycra Strap | <input type="checkbox"/> Etonic White Leather Lace |
| <input type="checkbox"/> Black Lycra Lace | <input type="checkbox"/> Etonic Black Leather Strap |
| <input type="checkbox"/> Taupe Lycra Strap | <input type="checkbox"/> Etonic Black Leather Lace |
| <input type="checkbox"/> Taupe Lycra Lace | <input type="checkbox"/> Other: (please specify) |
| <input type="checkbox"/> Black Leather Mary Jane | _____ |

Please fax your order to: 818-991-4951
Thank you for your business!