

# Inmate Orthopedic Request Form

Inmate Name: \_\_\_\_\_ Inmate #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

## Contact Representative Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Orthopedic Details

Tracings sent to ATTN: IBC-MSI-SHOE FACTORY 1727 W. Bluewater Hwy, Ionia, MI. 48846

DBT \_\_\_\_\_  
Inches

WTB

Obtuse  
(Inside of Foot)

Bunyan  
(Outside of Foot)

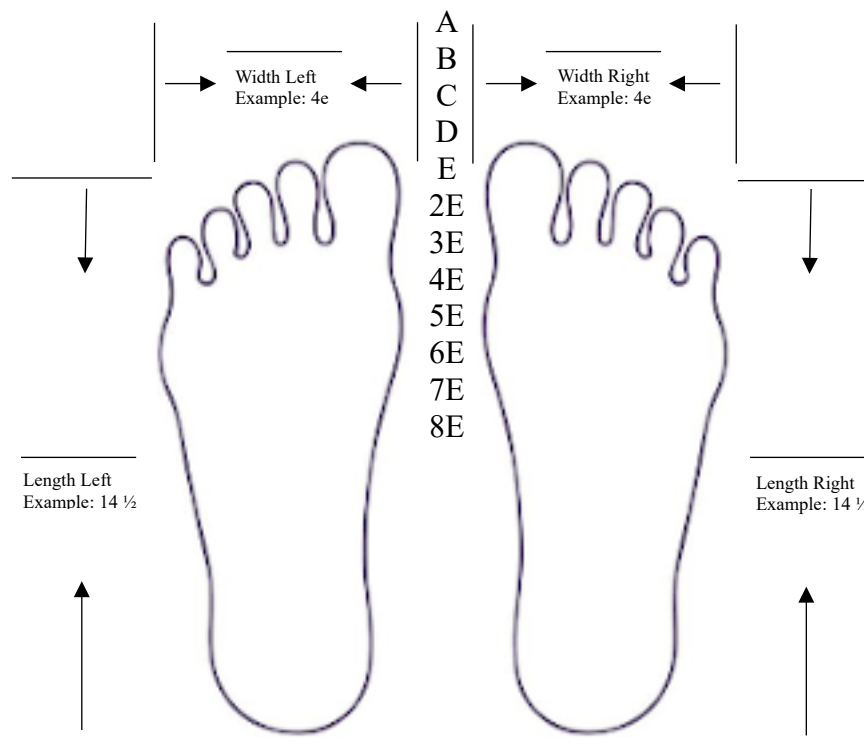
### Lifts

Heel Lift \_\_\_\_\_  
Inches

Foot Lift \_\_\_\_\_  
Inches

Foot With Lift:

- Left  
 Right  
 Both



Additional Comments: \_\_\_\_\_

We are receiving an increasing amount of special shoe requests for orders with **DBT**, **WTB**, **Obtuse** and **Lift**. When placing orders, please include the **Depth**, **Height**, and/or **Lift** measurements when submitting. Also, for lifts please provide additional specs. For example: (Foot Lift) or (Heel Lift). This will minimize the number of replacement orders received.

All shoe orders require a width to go with the size. Tracings will be needed for **WTB** and **Obtuse** shoe requests. Please send the tracings to the MSI Shoe Operation at Bellamy Creek CF by Inter-Department mail, United States Postal System (USPS) or UPS. **Electronic files are not acceptable.** The tracings must include inmate name, number, and facility. Tracings must also include a contact name and number in order for the factory staff to contact the requestor with any questions.

If you have any questions or concerns, please email the following departments: **MSI Sales**, **MSI Customer Service**, or **MSI Order Entry**.