SOLO®

# Order Form
# REPAIR

**PLEASE SEND ▶** ☐ SOLO Boxes $7.50 ☐ US Mail Labels ☐ UPS Labels ☐ Order Forms ☐ Barcoded Address Labels ☐ Other _____

☐ **24 HOUR RUSH CHARGE = $40.00 + EXPRESS SHIPPING**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| P.O.# | | | | | | | | | | | | |
| Patient First Name | | | | | | | | | | | | |
| Patient Last Name | | | | | | | | | | | | |

Please apply barcode label here.

Gender Age Weight

Shoe Size ** *(required)* Shoe Style

☐ Shoes Enclosed ☐ Insoles Enclosed

✖ _____

*Physician's Signature (required)*

## SHIPPING ▼

Shipping Address: *If different than billing address*

ADDRESS _____

CITY _____ STATE _____ ZIP _____

## PAYMENT ▼

☐ Check Enclosed CHECK# _____ $ _____

☐ MC ☐ Visa ☐ AmEx ☐ Credit Card on File ☐ BILL My SOLO Account

CARD # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

NAME ON CARD _____ EXP. DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

## PREVIOUS ORDER

| Order# | Date |
|---|---|
| ☐ Complete Refurbish | ☐ Repost to Current Specs |

## POSTING

☐ Add ☐ Change to

**FOREFOOT** ☐ Intrinsic ☐ Tip Posts ☐ No Post ☐ Extrinsic ☐ To Casts

L _____° *varus / valgus* R _____° *varus / valgus*

**Runner's Wedge** L _____° *varus / valgus* R _____° *varus / valgus*

**K Wedge** *(1st Ray Cutout)* ☐ L ☐ R **1st Met Cut Out** ☐ L ☐ R

☐ Add ☐ Change to

**REARFOOT** ☐ Intrinsic ☐ Extrinsic Low Profile ☐ No Post ☐ Extrinsic ☐ To Vertical

L _____° *varus / valgus* R _____° *varus / valgus*

**Heel Lift** ☐ Korex ☐ Crepe ☐ In Increments L _____" R _____"

## PLATE MODIFICATIONS

| | | | | | | |
|---|---|---|---|---|---|---|
| **Decrease Arch** | ☐ L | ☐ R | ☐ 1/16" | ☐ 1/8" | ☐ 3/16" | ☐ 1/4" |
| **Increase Arch** | ☐ L | ☐ R | ☐ 1/16" | ☐ 1/8" | ☐ 3/16" | ☐ 1/4" |
| **Decrease Heel Cup** | ☐ L | ☐ R | ☐ 1/16" | ☐ 1/8" | ☐ 3/16" | ☐ 1/4" |
| **Narrow Device** | ☐ L | ☐ R | ☐ 1/16" | ☐ 1/8" | ☐ 3/16" | ☐ 1/4" |
| **Shorten Device** | ☐ L | ☐ R | ☐ 1/16" | ☐ 1/8" | ☐ 3/16" | ☐ 1/4" |

## ADDITIONS

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Arch Reinforcement** | ☐ Reduced Bulk | ☐ Poron STD. | ☐ Vylyte | ☐ Korex | | | | |
| **Heel Pad** | ☐ L ☐ R | ☐ Intrinsic Heel | ☐ Padded Heel | ☐ Carlton Pad | ☐ Horseshoe Pad | | | |
| **Met Pad** | ☐ L ☐ R | ☐ Soft | ☐ Firm | ☐ 1/16" | ☐ 1/8" | ☐ 3/16" | ☐ 1/4" | |
| **Met Bar** | ☐ L ☐ R | ☐ Soft | ☐ Firm | ☐ 1/16" | ☐ 1/8" | ☐ 3/16" | ☐ 1/4" | |
| **Scaphoid Pad** | ☐ L ☐ R | ☐ Soft | ☐ Firm | ☐ 1/16" | ☐ 1/8" | ☐ 3/16" | ☐ 1/4" | |
| **Soft Flange** | ☐ L ☐ R | **Buttress** ☐ L ☐ R | **Toe Crest** ☐ L ☐ R | | | | | |

If not listed, please describe

## PADDINGS

☐ **As Original** ☐ **Change to**

| | | | | |
|---|---|---|---|---|
| **Padding Type** | ☐ Poron | ☐ Vylyte | ☐ Med. Plastizote | ☐ Korex |
| **Padding Thickness** | ☐ 1/16" | ☐ 1/8" | ☐ 3/16" | ☐ 1/4" |
| **Padding Length** | ☐ Heels to Mets | ☐ Heels to Sulcus | ☐ Heels to Toes | ☐ Distal End to Sulcus ☐ Distal End to Toes |

## ACCOMMODATIONS

☐ **As Original** ☐ **Change to**

| | | | | | | |
|---|---|---|---|---|---|---|
| ☐ **Cut Out** ☐ **Channel** | ☐ L ☐ R | ☐ 1/16" | ☐ 1/8" | ☐ 3/16" | ☐ 1/4" | |
| **Balance Pad** | ☐ L ☐ R | ☐ 1/16" | ☐ 1/8" | ☐ 3/16" | ☐ 1/4" | ☐ Poron ☐ Vylyte ☐ Med. Plastizote ☐ Korex |
| **Dancer's Pad** | ☐ L ☐ R | ☐ Soft | ☐ Firm | ☐ 1/16" | ☐ 1/8" | ☐ 3/16" ☐ 1/4" |
| **Morton's Ext.** | ☐ L ☐ R | ☐ Soft | ☐ Firm | ☐ In Plate | ☐ 1/16" | ☐ 1/8" ☐ 3/16" ☐ 1/4" |
| **Location** | Left ① ② ③ ④ ⑤ | Right ① ② ③ ④ ⑤ | ☐ **Marked in Cast** | | | |

## TOP COVERS

| | | | |
|---|---|---|---|
| ☐ Leatherette STD. | ☐ Leather | ☐ 1/16" Neoprene | ☐ 1/8" Neoprene |
| ☐ 1/16" Ucolite/EVA | ☐ 1/8" Ucolite/EVA | ☐ 1/8" Neosponge X-STATIC® | |
| ☐ Pigskin | ☐ Cambrelle | ☐ Plastizote | ☐ No Top Cover |

**NOTE:** LAB STANDARDS WILL APPLY WHEN ORDER FORM IS INCOMPLETE

*** If shoe size is not supplied, any repair charges needed will be applied.*

*X-STATIC®is a registered trademark of Noble Fiber Technologies, Inc.*

***NOTES***



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