

**PLEASE SEND ▶**

- SOLO Boxes \$7.50  
  US Mail Labels  
  UPS Labels  
  Order Forms  
  Barcoded Address Labels  
  Other \_\_\_\_\_

**RUSH:**  1-day  3-day  overnight shipping (additional cost)

P.O.#																			
Patient First Name																			
Patient Last Name																			

Gender \_\_\_\_\_ Age \_\_\_\_\_ Weight (required) \_\_\_\_\_

Shoe Size (required) \_\_\_\_\_ Shoe Style \_\_\_\_\_

- Return Casts (\$5.00 with original order)  
  Shoes Enclosed  
  Insoles Enclosed

\_\_\_\_\_  
 Physician's Signature (required)

**NOTES**

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Please apply barcode label here.

**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 \_\_\_\_\_

**DEVICES**

<input type="checkbox"/> M.D. I (Accolade EVA)	Light-weight, tri-density, total contact orthosis with an EVA base, PPT core, and molded Plastizote® top cover
<input type="checkbox"/> M.D. II (Accolade Cork)	Light-weight, tri-density, total contact orthosis with Thermocork® Lite base, PPT core and molded Plastizote top cover
<input type="checkbox"/> M.D. III (Accolade Plastizote)	Total contact orthosis with firm Plastizote base, PPT core and molded Plastizote top cover
<input type="checkbox"/> EVA (Accolade EVA)	Light-weight total contact orthosis often covered with leather or Plastizote top cover
<input type="checkbox"/> Cork Mold (Accolade Cork)	Provides shock absorption and longitudinal arch support
<input type="checkbox"/> Leather Balancer	Leather orthosis with deep heel cup
<input type="checkbox"/> Leather Shaffer	Leather orthosis with medial flange

**SHELL SPECIFICATIONS**

<b>Shell Length</b>	<input type="checkbox"/> To Mets	<input type="checkbox"/> To Sulcus	<input type="checkbox"/> To Toes
<b>Heel Cup</b>	<input type="checkbox"/> Low	<input type="checkbox"/> Normal	<input type="checkbox"/> Deep
<b>Forefoot Width</b>	<input type="checkbox"/> Narrow	<input type="checkbox"/> Normal	<input type="checkbox"/> Wider than Normal

**SHELL MODIFICATIONS**

<b>1st Ray Cutout</b>	<input type="checkbox"/> Left	<input type="checkbox"/> Right
<b>Shaffer Flange</b>	<input type="checkbox"/> Left	<input type="checkbox"/> Right
	<input type="checkbox"/> Low	<input type="checkbox"/> Medium <input type="checkbox"/> High

**POSTING**

<b>Forefoot</b>	<input type="checkbox"/> Tip Posts	<input type="checkbox"/> Intrinsic	<input type="checkbox"/> Extrinsic	<input type="checkbox"/> No Post	<input type="checkbox"/> To Casts	L _____°	R _____°	(varus / valgus)
<b>Rearfoot</b>	<input type="checkbox"/> Low Profile	<input type="checkbox"/> Intrinsic	<input type="checkbox"/> Extrinsic	<input type="checkbox"/> No Post	<input type="checkbox"/> To Vertical	L _____°	R _____°	(varus / valgus)

**HEEL LIFT**

L _____"	R _____"
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**ADDITIONS**

<b>Heel Pads</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Heel Cushion	<input type="checkbox"/> Heel Cushion w/ Center Pocket
		<input type="checkbox"/> Horseshoe Cushion	<input type="checkbox"/> Heel Cushion (pocket as marked)
<b>Met Pad</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Soft <input type="checkbox"/> Firm	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
<b>Arch Pad</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Soft <input type="checkbox"/> Firm	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
<b>Morton's Ext.</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Soft <input type="checkbox"/> Firm	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
<b>Toe Crest</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right	If not listed, please describe:	
<b>Cuboid Raise</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right		
<b>Toe Prosthesis (shoe required)</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right		
<b>Transmet Prosthesis (shoe required)</b>	<input type="checkbox"/> Left <input type="checkbox"/> Right		

**ACCOMMODATIONS**

Cut Out  
  Channel  
  Balance Pad  
  Left  
  Right

**Location of Accommodation**  
 Left (1) (2) (3) (4) (5)  
 Right (1) (2) (3) (4) (5)  
  Marked in Cast

**TOP COVERS**

Leather  
  Plastizote  
  1/8" Neoprene  
  1/8" EVA  
  Leatherette

**Top Cover Length**  
  To Mets  
  To Sulcus  
  To Toes

