

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 _____

Shoe Size ** (required) _____ Shoe Style _____

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

X _____
Physician's Signature (required)

DEVICES (Please Select Type & Material)

Device Type	Polypropylene	Graphite	Performance RX
<input type="checkbox"/> Sport	<input type="checkbox"/> 1/16"	<input type="checkbox"/> 2mm	<input type="checkbox"/> RX - A
<input type="checkbox"/> MaxiShock	<input type="checkbox"/> 1/8"	<input type="checkbox"/> 2.5mm	<input type="checkbox"/> RX - B
<input type="checkbox"/> HSOi	<input type="checkbox"/> 4mm	<input type="checkbox"/> 2.9mm	<input type="checkbox"/> RX - C
<input type="checkbox"/> Solow	<input type="checkbox"/> 3/16"		
<input type="checkbox"/> Contour (pump)	<input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" Cobra	<input type="checkbox"/> 2mm <input type="checkbox"/> 2mm Shadow	
<input type="checkbox"/> Silver	1/8" Orthopaedic Polypropylene		
<input type="checkbox"/> Profile	Graphite <input type="checkbox"/> 1.25mm <input type="checkbox"/> 1.4mm		

PLATE SPECIFICATIONS

Heel Cup Low (8mm) (12mm) Deep (15mm) X-Deep (18mm)

Device Width Full Bisect 1st (1-5½) (1-5) (1-4)

Medial Flange L R Low Medium High

Lateral Flange L R

Lateral Clip L R

Gait Plate L R Promote In Toe Promote Out Toe

Med. Arch Platform L R

Med. Heel Skive L R _____mm

POSTING

FOREFOOT Intrinsic Tip Posts
 No Post Extrinsic To Casts

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

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

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

REARFOOT Intrinsic Extrinsic Low Profile
 No Post Extrinsic To Vertical

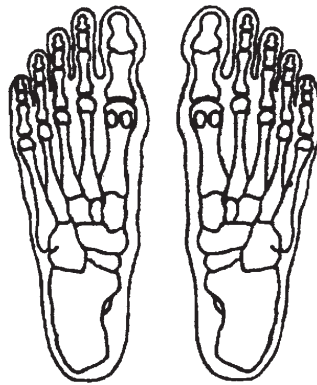
L _____° R _____°
varus / valgus varus / valgus

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

PREVIOUS ORDER

Order # _____

Date _____



LEFT RIGHT

NOTE: LAB STANDARDS WILL APPLY WHEN ORDER FORM IS INCOMPLETE

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

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800-765-6522 Fax 610-683-6427 www.sololabs.com
Serve Others, Love Others
Form Updated: 11/29/2017

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 _____

ADDITIONS

Arch Reinforcement Reduced Bulk Poron STD. Vlyte 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

PADDINGS

Padding Type Poron Vlyte 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

Cut Out L R 1/16" 1/8" 3/16" 1/4"

Channel L R 1/16" 1/8" 3/16" 1/4"

Balance Pad L R Poron Vlyte 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

Top Cover Length to Mets to Sulcus to Toes

NOTES
