

**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**

- Relief** Light-weight, total contact orthosis with an EVA base and molded Plastizote® or P-Cell top cover.
- Relief+** Light-weight, tri-density, total contact orthosis with an EVA base, Poron core and molded Plastizote or P-Cell top cover.

**CUSTOM ORTHOTICS A5513**

- 1 Pair  
 2 Pairs  
 3 Pairs

**SINGLE CUSTOM ORTHOTICS A5513**

- 3 Left  
 3 Right

**ORTHOTIC WITH TOE FILLER L5000**

- 1 Left  
 1 Right

**TOP COVERS**

- Plastizote  
 P-Cell

**ACCOMMODATIONS**

	Right	Left	Please mark in cast the location of the Met Pad or Cut Outs required.
Metatarsal Pad			
Heel Lift Height (inches)	_____ "	_____ "	
<b>Cut Outs</b>	<b>Location</b> Left (1) (2) (3) (4) (5)                       Right (1) (2) (3) (4) (5) <input type="checkbox"/> Marked in Cast		

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

This is a limited option product. No substitutions will be accepted and lab standards will be applied. If additional options or accommodations are desired, please use the ACCOMMODATIVE form. To expedite the processing of your order, please call ahead with questions. No modifications will be accepted on this form.

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

**NOTES**

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