

P.O. Number

**PATIENT INFORMATION**

Name

Shoe Size\*   Male  Female

Date of Birth  Weight

Shoes / Insoles Enclosed

**ORDER OPTIONS**  
ADDITIONAL CHARGES WILL APPLY

- Return Positive Molds
- SOLO Boxes
- US Mail Labels \_\_\_\_\_
- UPS Labels \_\_\_\_\_

**RUSH** upgrade:

- Next Business Day
- 3 Business Days

**OVERNIGHT SHIPPING**

RUSH CHARGES DO NOT INCLUDE OVERNIGHT SHIPPING

- Mail-to-Patient**  
INCLUDE SHIPPING ADDRESS (TO THE RIGHT)

SHIPPING INFORMATION IF SHIP TO PATIENT OR LOCATION OTHER THAN BAR CODE.

Street Address

City  State & ZIP

Physician's Signature

<b>PREVIOUS ORDER</b>	
Order# <input type="text"/>	Date <input type="text"/>
<input type="checkbox"/> Complete Refurbish	<input type="checkbox"/> Repost to Current Specs

**POSTING**

Add  Change to

**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

Add  Change to

**REARFOOT**

Intrinsic  Extrinsic Low Profile  
 No Post  Extrinsic  To Vertical

L \_\_\_\_\_ ° R \_\_\_\_\_ °  
varus / valgus 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"

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<sup>®</sup> is a registered trademark of Noble Fiber Technologies, Inc.

NOTES

**ADDITIONS**

Arch Reinforcement  Poron STD.  Reduced Bulk

Heel Pad  L  R  Intrinsic Heel  Padded Heel  Horseshoe Pad

Met Pad  L  R  Soft  Firm  1/16"  1/8"  3/16"

Met Bar  L  R  Soft  Firm  1/16"  1/8"  3/16"

Scaphoid Pad  L  R  Soft  Firm  1/16"  1/8"  3/16"

Soft Flange  L  R  Buttress  L  R  Toe Crest  L  R

If not listed, please describe

**PADDINGS**

As Original  Change to

Padding Type  Soft  Firm

Padding Thickness  1/16"  1/8"  3/16"

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

Balance Pad  L  R  Soft  Firm  1/16"  1/8"  3/16"

Dancer's Pad  L  R  Soft  Firm  1/16"  1/8"  3/16"

Morton's Ext.  L  R  Soft  Firm  1/16"  1/8"  3/16"

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

**TOP COVERS**

Leatherette, Cherry Red  Private Label Top Cover  
Call SOLO to set up for your practice

Leatherette, Saddle Brown  Plastizole

Leatherette, Onyx Black  EVA 1/16"


Leatherette, Smoke Gray  EVA 1/8"

Neoprene 1/16"  Leather

Neoprene 1/8"  Dri-Brelle<sup>®</sup>

X-STATIC<sup>®</sup>

**Top Cover Length**

To Toes 

To Sulcus

To Mets

No Cover

**PLEASE SEND**  Barcode Labels  Order Forms  Other \_\_\_\_\_