

THE ORDER FORM PROCESS

Serve Others, Love Others

#1 PATIENT INFORMATION

Every device is engraved with the patient's name. Please check the spelling of the name and be sure it is legible. Include the shoe size for an accurate extension length. Gender tells us the sizing scale, weight confirms a compatible plate thickness, and date of birth determines whether we allow room for foot growth. For the best fit, include a copy or scan of an insole.

#2 ORDER OPTIONS

These upgrades incur an additional charge. Please see the price list for details. Select rush service or expedited mailing. Prepaid UPS or USPS mail labels can also be found here.

#3 SHIPPING

Include a shipping address if it is different from the office. Please check the address to avoid shipping delays.

#4 BARCODE LABELS

SOLO provides barcoded labels unique to your account. This simplifies paper order form completion. Be sure to apply your barcode on every order.

UNDERSTANDING THE ORDER FORM

The order form has two distinct parts. The black outlined area on the left shows everything that is included in the base price. Stay on the left side to manage your costs. The right side of the form lists upgrades to your order. Sections A-E correspond with the price list to easily understand your costs.

#5 LET'S GET STARTED

Select a Premier device type. Functional and Dress devices have a polypropylene shell. Select a shell rigidity or thickness using the weight chart as a reference. Upgrades to the shell are available in Box A. (Refer to the price list.) Accommodative devices require a shell length.

#6 INCLUDED OPTIONS

The options listed here are included in the base price. (Refer to the price list for details.) Use the right side of the form for additional accommodations.

#7 SUPPLIES

Download order forms at SOLOLabs.com or request more forms in this section.

SOMETIMES YOU NEED MORE, CONSIDER UPGRADES.

A. UPGRADED PLATE

Looking for something other than polypropylene? Box A shows the additional plate options. Refer to A on the Optional Premier Upgrades section of the price list for details.

B. ARCH REINFORCEMENT AND INTRINSIC HEEL PADS

You'll find this in Box B. Refer to B on the Optional Premier Upgrades section of the price list for details.

C. ADDITIONAL ACCOMMODATIONS


Whether you need a full-length extension, Morton's extension in padding, or cutout in padding, this is where to look. Choose any combination of these options for one flat fee. Refer to C on the Optional Premier Upgrades section of the price list for details.

D. TOE FILLER

Add any variation per foot, from trans-met to single digit fillers. Refer to D on the Optional Premier Upgrades section of the price list for details.

E. TOP COVER UPGRADES

Choose either option for a flat fee. Refer to E on the Optional Premier Upgrades section of the price list for details.



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PLACE ACCOUNT LABEL HERE
PREMIER

P.O. Number:

PATIENT INFORMATION

Name:

Shoe Size: Gender: Male Female

Date of Birth: Weight:

Shoes / Insoles Enclosed

Previous Rx# Date

ORDER OPTIONS
ADDITIONAL CHARGES WILL APPLY

Return (Positive Money)

SOLO

US Mail

UPS Labels

RUSH upgrade:

Next Business Day

3 Business Days

OVERSEAS upgrade:

Rush (includes shipping)

Mail-to-Patient (includes 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:

PICK A STANDARD PREMIER ORTHOTIC OR CUSTOMIZE BELOW

FUNCTIONAL

Polypropylene shell by patient weight, intrinsic rearfoot post, standard heel depth, and orthotic wedge. Leatherette top cover to mets

DRESS

Polypropylene shell by patient weight, intrinsic rearfoot post, heel depth and hourglass. Leatherette top cover to mets

ACCOMMODATIVE

Leather shell to toes, standard heel depth, modified heel depth and hourglass. EVA Shell

Shell Rigidity: Flexible Semi-Flexible Rigid

Shell Length: To Toes To Metatarsals To Metatarsals

Heel Depth: X-Low, 15 mm Deep, 15 mm Standard, 12 mm Low, 8 mm X-Low, 5 mm

Medial Flange/Platform: Low Medium High Mini Platform Standard Platform

Lateral Flange: L R

1st Met Cut Out: L R

K Wedge: L R

Morton's Ext. in Shell: L R

Turf Toe: L R

POSTING: Forefoot: Intrinsic Extrinsic Tip Posts To Casts

Runner's Wedge: Intrinsic Extrinsic

Rearfoot: Intrinsic Extrinsic To Vertical

Heel Lift: Keros Chepe In Increments

ACCOMMODATIONS: Heel Pad L R R R R R

Met Pad Soft Firm

Met Bar L R R R R R

Scaphoid Pad L R R R R R

TOP COVER (Choose 1): Leatherette, Cherry Red Private Label Top Cover To Toes To Metatarsals No Cover

Leatherette, Saddle Brown Resizable To Sulcus To Metatarsals

Leatherette, Onyx Black EVA, 1/16"

Leatherette, Smoke Gray EVA, 1/8"

Neoprene, 1/16"

Neoprene, 1/8"

Leather

OPTIONAL UPGRADES
ADDITIONAL CHARGES WILL APPLY IN THIS COLUMN. SEE CURRENT PRICE LIST.

A. UPGRADED PLATE

Perforated Polypropylene

Graphite II

Graphite III

Graphite IV

Graphite V

Graphite VI

Graphite VII

Graphite VIII

Graphite IX

Graphite X

Graphite XI

Graphite XII

Graphite XIII

Graphite XIV

Graphite XV

Graphite XVI

Graphite XVII

Graphite XVIII

Graphite XIX

Graphite XX

Graphite XXI

Graphite XXII

Graphite XXIII

Graphite XXIV

Graphite XXV

Graphite XXVI

Graphite XXVII

Graphite XXVIII

Graphite XXIX

Graphite XXX

Graphite XXXI

Graphite XXXII

Graphite XXXIII

Graphite XXXIV

Graphite XXXV

Graphite XXXVI

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Graphite XL

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