

P.O. Number

PATIENT INFORMATION

Name

Shoe Size* Male Female

Date of Birth Weight

Shoes / Insoles Enclosed

Previous Rx# Date

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

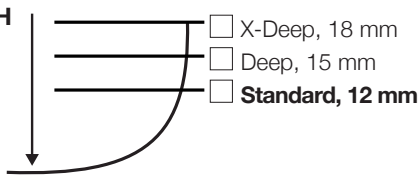
Physician's Signature

SOLO will automatically upgrade your order to a Premier when you request options not listed on this form. Additional charges will apply.

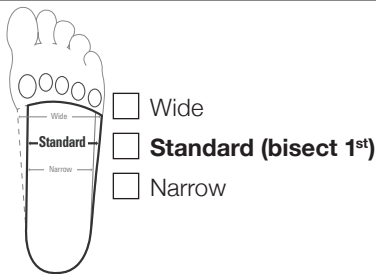
CHOOSE POLYPROPYLENE SHELL RIGIDITY

- Flexible
 - Semi-Rigid**
 - Rigid
- Weight REQUIRED

HEEL DEPTH



SHELL WIDTH



POSTING REARFOOT

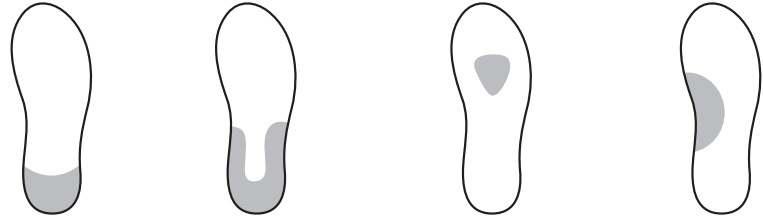
- Intrinsic
- Extrinsic Low Profile
- Extrinsic**
- To Vertical**
- L _____ R _____
(varus/valgus) (varus/valgus)

HEEL LIFT KOREX[®]

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

PADDINGS & ACCOMMODATIONS

- Heel Pad** L R
- Horseshoe Pad** L R
- Met Pad** L R
- Scaphoid Pad** L R



TOP COVER CHOOSE ONE

- EVA 1/16"
- EVA 1/8"
- Leatherette**
- Neoprene 1/16"
- Neoprene 1/8"
- No Top Cover
- Private Label Top Cover (call SOLO to set up for your practice)

1st MET CUT OUT

- L R
-

TOP COVER LENGTH

- To Toes
(includes 1/16" EVA base cover)
- To Sulcus
(includes 1/16" EVA base cover)
- To Mets**



No substitutions or modifications will be accepted. Lab Standards in BOLD will be applied.

Images are for visual purposes only.
*If shoe size is not supplied, any repair charges needed will be applied

PLEASE SEND Barcode Labels Order Forms Other _____