

P.O. Number

**PATIENT INFORMATION**

Name

Shoe Size\*   Male  Female

Date of Birth  Weight  Height (\*required)

Shoes / Insoles Enclosed

Previous Rx#  Date

**ORDER OPTIONS**  
ADDITIONAL CHARGES WILL APPLY

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

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

Street Address

City  State & ZIP

Physician's Signature

**DEVICES**

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

**CUSTOM ORTHOTICS K0903**

- 1 Pair
- 2 Pairs
- 3 Pairs

**SINGLE CUSTOM ORTHOTICS K0903**

- 3 Left
- 3 Right

**ORTHOTIC WITH TOE FILLER L5000**

- 1 Left
- 1 Right

**TOP COVERS**

- Plastizote<sup>®</sup>
- P-Cell

**ACCOMMODATIONS**

Metatarsal Pad  Right  Left      Metatarsal Bar  Right  Left

Heel Lift Height

1/16"  L  R

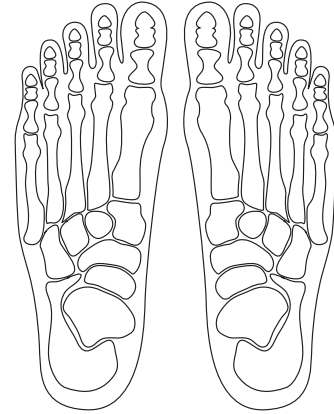
1/8"  L  R

3/16"  L  R

1/4"  L  R

Cut Outs Left  1  2  3  4  5      Right  1  2  3  4  5       Marked in Cast

\*Please mark in cast the location of the Met Pad or Cut Outs required.



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 will be applied.

**Special Notes:**

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