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

**HEEL DEPTH**
- X-Deep, 18 mm
- Deep, 15 mm
- Standard, 12 mm

**SHELL WIDTH**
- Wide
- Standard (bisect 1st)
- Narrow

**POSTING REARFOOT**
- Intrinsic
- Extrinsic (low profile)

**HEEL LIFT**
- 1/16” L R
- 1/8” L R
- 3/16” L R
- 1/4” L R

**PADDINGS & ACCOMMODATIONS**
- Heel Pad
- Horseshoe Pad
- Met Pad
- Scaphoid Pad

**TOP COVER**
- EVA 1/16”
- Neoprene 1/16”
- Neoprene 1/8”
- Leatherette
- No Top Cover

**TOP COVER LENGTH**
- To Toes (includes 1/16” EVA base cover)
- To Sulcus (includes 1/16” EVA base cover)
- To Mets

**SHIPPING INFORMATION IF SHIP TO PATIENT OR LOCATION OTHER THAN BAR CODE.**
- Street Address
- City
- State & ZIP
- Physician’s Signature

**ORDER OPTIONS**
- 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)

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

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