



Serve Others, Love Others

REPAIR

PLACE ACCOUNT LABEL HERE

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

Barcodes Order Forms

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

POSTING
<input type="checkbox"/> Add <input type="checkbox"/> Change to

FOREFOOT	<input type="checkbox"/> Intrinsic <input type="checkbox"/> Tip Posts	L _____° R _____°
<input type="checkbox"/> No Post <input type="checkbox"/> Extrinsic <input type="checkbox"/> To Casts		varus / valgus varus / valgus

Runner's Wedge	L _____° R _____°
	varus / valgus varus / valgus
K Wedge (1st Ray Cutout)	<input type="checkbox"/> L <input type="checkbox"/> R
1st Met Cut Out	<input type="checkbox"/> L <input type="checkbox"/> R

<input type="checkbox"/> Add <input type="checkbox"/> Change to

REARFOOT	<input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic Low Profile	L _____° R _____°
<input type="checkbox"/> No Post <input type="checkbox"/> Extrinsic <input type="checkbox"/> To Vertical		varus / valgus varus / valgus

Heel Lift	<input type="checkbox"/> Korex <input type="checkbox"/> Crepe <input type="checkbox"/> In Increments	L _____" R _____"
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PLATE MODIFICATIONS	
Decrease Arch	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"
Increase Arch	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"
Decrease Heel Cup	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"
Narrow Device	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"
Shorten Device	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 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 is a registered trademark of Noble Fiber Technologies, Inc.

NOTES

ADDITIONS	
Arch Reinforcement	<input type="checkbox"/> Poron STD. <input type="checkbox"/> Reduced Bulk
Heel Pad	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Intrinsic Heel <input type="checkbox"/> Padded Heel <input type="checkbox"/> Horseshoe Pad
Met Pad	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"
Met Bar	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"
Scaphoid Pad	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"
Soft Flange	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Buttress <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Toe Crest <input type="checkbox"/> L <input type="checkbox"/> R
If not listed, please describe	

PADDINGS	
<input type="checkbox"/> As Original <input type="checkbox"/> Change to	
Padding Type	<input type="checkbox"/> Soft <input type="checkbox"/> Firm
Padding Thickness	<input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"
Padding Length	<input type="checkbox"/> Heels to Mets <input type="checkbox"/> Heels to Sulcus <input type="checkbox"/> Heels to Toes <input type="checkbox"/> Distal End to Sulcus <input type="checkbox"/> Distal End to Toes

ACCOMMODATIONS	
<input type="checkbox"/> As Original <input type="checkbox"/> Change to	
<input type="checkbox"/> Cut Out <input type="checkbox"/> Channel	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"
Balance Pad	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"
Dancer's Pad	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"
Morton's Ext.	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"
Location	Left (1) (2) (3) (4) (5) Right (1) (2) (3) (4) (5) <input type="checkbox"/> Marked in Cast

TOP COVERS		Top Cover Length
<input type="checkbox"/> Leatherette, Vintage Burgundy	<input type="checkbox"/> Private Label Top Cover <small>Call SOLO to set up for your practice</small>	
<input type="checkbox"/> Leatherette, Cherry Red	<input type="checkbox"/> Plastizote	<input type="checkbox"/> To Toes
<input type="checkbox"/> Leatherette, Saddle Brown	<input type="checkbox"/> EVA 1/16"	<input type="checkbox"/> To Sulcus
<input type="checkbox"/> Leatherette, Onyx Black	<input type="checkbox"/> EVA 1/8"	<input type="checkbox"/> To Mets
<input type="checkbox"/> Leatherette, Smoke Gray	<input type="checkbox"/> Leather	<input type="checkbox"/> No Cover
<input type="checkbox"/> Neoprene 1/16"	<input type="checkbox"/> Dri-Brelle *	
<input type="checkbox"/> Neoprene 1/8"	<input type="checkbox"/> X-STATIC *	