

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

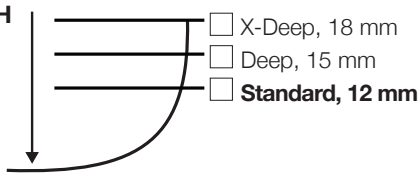
Physician's Signature

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

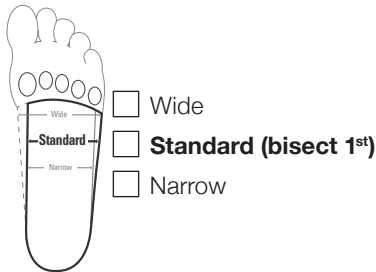
**CHOOSE POLYPROPYLENE SHELL RIGIDITY**

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

**HEEL DEPTH**



**SHELL WIDTH**



**POSTING REARFOOT**

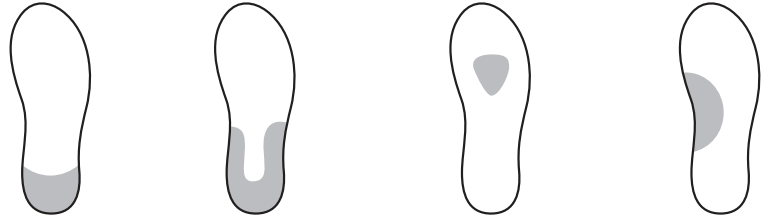
- Intrinsic
- Extrinsic** (low profile) L \_\_\_\_\_ R \_\_\_\_\_  
(varus/valgus) (varus/valgus)
- To Vertical**

**HEEL LIFT KOREX<sup>®</sup>**

- 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**
- SILPURE<sup>®</sup> Neoprene 1/16"  SILPURE<sup>®</sup> Neoprene 1/8"  No Top Cover
- Private Label Top Cover (additional charge applies)

**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 \_\_\_\_\_