



# REPAIR

Serve Others, Love Others

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

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

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

<b>FOREFOOT</b>	<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
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<b>REARFOOT</b>	<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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<b>PLATE MODIFICATIONS</b>							
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.

NOTES

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<b>ADDITIONS</b>	
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	

<b>PADDINGS</b>	
<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

<b>ACCOMMODATIONS</b>	
<input type="checkbox"/> As Original <input type="checkbox"/> Change to	
<input type="checkbox"/> Cut Out	<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"/> 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

<b>TOP COVERS</b>	
<input type="checkbox"/> Leatherette, Vintage Burgundy	<input type="checkbox"/> Private Label Top Cover Call SOLO to set up for your practice
<input type="checkbox"/> Leatherette, Onyx Black	<input type="checkbox"/> Plastizote
<input type="checkbox"/> Leatherette, Smoke Gray	<input type="checkbox"/> EVA 1/16"
<input type="checkbox"/> SILPURE® Neoprene 1/16"	<input type="checkbox"/> EVA 1/8"
<input type="checkbox"/> SILPURE® Neoprene 1/8"	<input type="checkbox"/> Leather
	<input type="checkbox"/> Dri-Brelle®
	<input type="checkbox"/> PAIHO® Bamboo
<b>Top Cover Length</b>	
<input type="checkbox"/> To Toes	
<input type="checkbox"/> To Sulcus	
<input type="checkbox"/> To Mets	
<input type="checkbox"/> No Cover	