



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

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"/> 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.

NOTES

ADDITIONS	
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Arch Reinforcement Poron STD. Reduced Bulk

Heel Pad L R Intrinsic Heel Padded Heel Horseshoe Pad

Met Pad L R Soft Firm 1/16" 1/8" 3/16"

Met Bar L R Soft Firm 1/16" 1/8" 3/16"

Scaphoid Pad L R Soft Firm 1/16" 1/8" 3/16"

Soft Flange L R Buttress L R Toe Crest L R

If not listed, please describe

PADDINGS	
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As Original Change to

Padding Type Soft Firm

Padding Thickness 1/16" 1/8" 3/16"

Padding Length Heels to Mets Heels to Sulcus Heels to Toes

Distal End to Sulcus Distal End to Toes

ACCOMMODATIONS	
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As Original Change to

Cut Out L R 1/16" 1/8" 3/16"

Channel L R 1/16" 1/8" 3/16"

Balance Pad L R Soft Firm 1/16" 1/8" 3/16"

Dancer's Pad L R Soft Firm 1/16" 1/8" 3/16"

Morton's Ext. L R Soft Firm 1/16" 1/8" 3/16"

Location Left 1 2 3 4 5 Right 1 2 3 4 5 Marked in Cast

TOP COVERS	
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Leatherette, Vintage Burgundy Private Label Top Cover
Call SOLO to set up for your practice

Leatherette, Onyx Black Plastizote

Leatherette, Smoke Gray EVA 1/16"

SILPURE® Neoprene 1/16" EVA 1/8"

SILPURE® Neoprene 1/8" Leather

PAIHO® Bamboo Top Cover Length

- To Toes
- To Sulcus
- To Mets
- No Cover

