

P.O. Number

PATIENT INFORMATION

Name
 Shoe Size* Male Female
 (for shoe sizing)

Date of Birth Weight

Shoes/ Insoles Enclosed

Previous Rx # Date

Order Options

ADDITIONAL CHARGES WILL APPLY

- SOLO Boxes
- US Mail Labels (Qty 5)
- UPS Labels (Qty 5)

RUSH - Next Business Day

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

SOLO will automatically upgrade your order to a Premier if options not listed on this form are requested. Additional charges will apply.

CHOOSE POLYPROPYLENE SHELL RIGIDITY

Flexible
 Semi-Rigid
 Rigid

Weight Required

HEEL LIFT

<input type="checkbox"/> 1/8" Left Lift	<input type="checkbox"/> 3/16" Left Lift	<input type="checkbox"/> 1/4" Left Lift
<input type="checkbox"/> 1/8" Right Lift	<input type="checkbox"/> 3/16" Right Lift	<input type="checkbox"/> 1/4" Right Lift

HEEL DEPTH

X-Deep
 Deep
Standard

MET PAD

Left Met Pad
 Right Met Pad

SHELL WIDTH

Standard
 (bisect 1st)

Narrow

1st MET CUT OUT

Left Met Cut Out
 Right Met Cut Out

TOP COVER MATERIAL AND LENGTH

Leatherette to Mets
 1/8" EVA To Mets

(Additional charge for longer length)

1/8" EVA To Sulcus
 1/8" EVA To Toes

POSTING REARFOOT

Intrinsic
 Extrinsic

To Vertical

Left Varus _____ Right Varus _____
 Left Valgus _____ Right Valgus _____

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.