

P.O. Number

## PATIENT INFORMATION

Name   
Shoe Size\*  ☐ Male ☐ Female  
(for shoe sizing)

Date of Birth  Weight (required)

☐ Shoes/ Insoles Enclosed

Previous Rx #  Date

## Order Options

- ☐ US Mail Labels (Qty 5)  
☐ UPS Labels (Qty 5)

- ☐ **RUSH** - Next Business Day  
☐ **3 Day RUSH** - 3 Business Days  
☐ **OVERNIGHT SHIPPING**  
(RUSH CHARGES DO NOT INCLUDE OVERNIGHT SHIPPING)

- ☐ **Mail-to-Patient** INCLUDE SHIPPING ADDRESS (TO THE RIGHT)

## ADDITIONAL CHARGES WILL APPLY


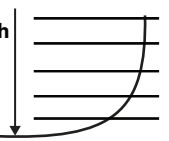



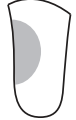

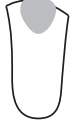


SHIPPING INFORMATION IF SHIP TO PATIENT OR LOCATION OTHER THAN BAR CODE

Street Address

City  State & ZIP

## Physician's Signature

☐ Barcodes ☐ Order Forms


<input type="checkbox"/> <b>FUNCTIONAL</b> Shell by patient weight, extrinsic rear foot post, standard heel depth, and orthotic width. Leatherette top cover to mets  <b>Shell Rigidity</b> <input type="checkbox"/> Flexible <input type="checkbox"/> Semi-Flexible <input type="checkbox"/> Semi-Rigid <input type="checkbox"/> Rigid <b>Heel Depth</b>  <input type="checkbox"/> X-Deep, 18mm <input type="checkbox"/> Deep, 15mm <input type="checkbox"/> Standard, 12mm <input type="checkbox"/> Low, 8mm <input type="checkbox"/> X-Low, 5mm <b>Shell Width</b> <input type="checkbox"/> Wide <input type="checkbox"/> Standard <input type="checkbox"/> Narrow <input type="checkbox"/> Hourglass <b>Medial Flange/Platform</b> <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Mini Platform <input type="checkbox"/> Standard Platform <b>1st Met Cut Out</b> <input type="checkbox"/> L <input type="checkbox"/> R  <b>POSTING</b> <b>Forefoot</b> <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic <input type="checkbox"/> Tip Posts <input type="checkbox"/> To Casts L <input type="text"/> Varus / Valgus R <input type="text"/> Varus / Valgus <b>Runner's Wedge</b> L <input type="text"/> Varus / Valgus R <input type="text"/> Varus / Valgus <b>Rearfoot</b> <input type="checkbox"/> Intrinsic <input type="checkbox"/> Extrinsic <input type="checkbox"/> To Vertical L <input type="text"/> Varus / Valgus R <input type="text"/> Varus / Valgus <b>Heel Lift</b> L <input type="text"/> inches / mm R <input type="text"/> inches / mm <input type="checkbox"/> In Increments <b>Heel Pad</b> <input type="checkbox"/> L <input type="checkbox"/> R  <b>Horseshoe Pad</b> <input type="checkbox"/> L <input type="checkbox"/> R  <b>Scaphoid Pad</b> <input type="checkbox"/> L <input type="checkbox"/> R  <b>Met Bar</b> <input type="checkbox"/> L <input type="checkbox"/> R  <b>Met Pad</b> <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"  <b>Top Cover to Mets</b> <input type="checkbox"/> Leatherette, Vintage Burgundy <input type="checkbox"/> Neoprene 1/16" <input type="checkbox"/> Leather <input type="checkbox"/> No Cover <input type="checkbox"/> Leatherette, Onyx Black <input type="checkbox"/> Neoprene 1/8" <input type="checkbox"/> Private Label Top Cover (call SOLO to set up for your practice) <input type="checkbox"/> Leatherette, Smoke Gray <input type="checkbox"/> EVA 1/16" <input type="checkbox"/> EVA 1/8" <input type="checkbox"/> P-Cell <input type="checkbox"/> EVA 1/8" 	<input type="checkbox"/> <b>STANDARD DRESS</b> Shell by patient weight, intrinsic rear foot post, low heel depth and hourglass width. Leatherette top cover to mets <input type="checkbox"/> Cobra <input type="checkbox"/> Shadow  <b>ACCOMMODATIVE</b> <input type="checkbox"/> Cork Shell to toes, standard heel depth, molded P-Cell top cover to toes <input type="checkbox"/> EVA Shell <input type="checkbox"/> Leather Shell Shell to mets, leather top cover to toes <input type="checkbox"/> Firm Plastizote Shell
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## OPTIONAL UPGRADES

ADDITIONAL CHARGES WILL APPLY - SEE PRICE LIST

<b>A UPGRADED PLATE</b>	Performance Rx	Carboplast II	DBX Graphite
	Engineered Nylon	Graphite	
	<input type="checkbox"/> RX-A	<input type="checkbox"/> 2 mm	<input type="checkbox"/> 1.25 mm
	<input type="checkbox"/> RX-B	<input type="checkbox"/> 2.5 mm	
	<input type="checkbox"/> RX-C	<input type="checkbox"/> 2.9 mm	

<b>B ARCH REINFORCEMENT</b>	<input type="checkbox"/> Standard	<input type="checkbox"/> Reduced Bulk
	<input type="checkbox"/> L	<input type="checkbox"/> R

<b>C ADDITIONAL ACCOMMODATIONS</b>	<b>Padding</b> <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Mets <input type="checkbox"/> Sulcus <input type="checkbox"/> Toes <input type="checkbox"/> Distal to Sulcus <input type="checkbox"/> Distal to Toes
	<input type="checkbox"/> Soft <input type="checkbox"/> Firm	<input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"
	<b>Cut Out</b> <input type="checkbox"/> L <input type="checkbox"/> R	
	<input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"	
<b>Channel</b> <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"	<b>Padded Flange</b> <input type="checkbox"/> L <input type="checkbox"/> R

<b>Balance Pad</b> <input type="checkbox"/> L <input type="checkbox"/> R	<b>Dancer's Pad</b> <input type="checkbox"/> L <input type="checkbox"/> R	<b>Morton's Ext Pad</b> <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Soft <input type="checkbox"/> Firm	<input type="checkbox"/> Soft <input type="checkbox"/> Firm	<input type="checkbox"/> Soft <input type="checkbox"/> Firm
<input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"	<input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"	<input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"

## D TOE FILLER

☐ L ☐ R

## NOTES

## E UPGRADED TOP COVER LENGTH

☐ To Sulcus ☐ To Toes

Lab Standards apply when order form is incomplete.

\* If shoe size is not supplied, any repair charges needed will be applied

Default shell material is 3D Nylon