

PLACE ACCOUNT LABEL HERE

| P.O. Number | | Order Options | ADDITIONAL CHARGES | SHIPPING INFORMATION IF SHIP TO PATIENT |
|--|----------|---------------------------------------|--|--|
| PATIENT INFORMATION | | | WILL APPLY | OR LOCATION OTHER THAN BAR CODE |
| | | US Mail Labels (Qt) UPS Labels (Qty 5 | | |
| Name Shoe Size* Male Female | | | , | Street Address |
| | | RUSH - Next Busi | iness Day | |
| | | 3 Day RUSH - 3 Business Days | | City State & ZIP |
| Date of Birth Weight | | (RUSH CHARGES I | DO NOT INCLUDE | |
| Shoes/ Insoles Enclosed | | OVERNIGHT SHIPF | PING) | Physician's Signature |
| | | Mail-to-Patient II | | Barcodes Order Forms |
| | | ADDRESS (TO THE | : RIGHT) | |
| | | | | |
| PREVIOUS ORDER | | | ADDITIONS | |
| Order # | Date | | ADDITIONS | |
| ☐ Complete Refurbish ☐ Repost to Curren | | ent Specs | Arch Reinforcement Standard Reduced Bulk | |
| Add Change To | | | Heel Pad | |
| | | | Met Pad | |
| POSTING Intrinsic Tip Posts O | | R | Met Bar | |
| 0 0 | | | Scaphoid Pad | |
| Runner's Wedge L R R Varus / Valgus Varus / Valgus | | | If not listed, please describe | |
| K Wedge (Ist Ray Cutout) ☐ L ☐ R 1st Met Cut Out ☐ L ☐ R | | | | |
| | | | PADDINGS As Original Change To | |
| Add Change To REARFOOT POSTING Intrinsic Extrinsic To Vertical Lawrence Range | | | As Original Change To Padding Type Soft Firm | |
| | | | Padding Thickness | |
| | | | Dustan Maria Dustan Calana Dustan Tarra | |
| | | | Padding Length Distal End to Sulcus Distal End to Toes | |
| | | | ACCOMODATIONS | |
| PLATE MODIFICATIONS | | | As Original Change To | |
| Decrease Arch ☐ L ☐ R ☐ 1/8" ☐ 3/16" ☐ 1/4" | | Cut Out Channel |]L | |
| Increase Arch | <u> </u> | /16" | Balance Pad | L R Soft Firm 1/16" 1/8" 3/16" |
| Decrease Heel Cup L R | 1/8" 3 | 1/16" | Dancer's Pad | L |
| Narrow Device L R | 1/8" 3 | | | |
| Shorten Device L R 1/8" 3/16" 1/4" | | | | L R Soft Firm 1/16" 1/8" 3/16" (1)(2)(3)(4)(5) Right (1)(2)(3)(4)(5) Marked in Cast |
| NOTE: LAB STANDARDS APPLY WHEN ORDER FORM IS INCOMPLETE. * If shoe size is not supplied, any repair charges needed will be applied | | | | |
| | | | TOP COVERS Private Label Top Cover * Call SOLO to set up for your practice. | |
| Notes | | | Leatherette, Vi | ntage Burgundy P-Cell Top Cover Length |
| | | | Leatherette, O | |
| | | | Leatherette, Sr | |
| | | | Neoprene 1/8" | ☐ Bamboo 1/8" ☐ No Cover |
| | | | | * Upgraded top cover charges apply |
| | | | | opgraded top cover charges apply |