



RELIEF

PLACE ACCOUNT LABEL HERE

P.O. Number

PATIENT INFORMATION

Name Male Female
Shoe Size* (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

DEVICES

- Relief** Light-weight, total contact orthosis with an EVA base and molded Plastizote® or P-Cell top cover.
- Relief+** Light-weight, tri-density, total contact orthosis with an EVA base, Poron core and molded Plastizote® or P-Cell top cover.

CUSTOM ORTHOTICS A5514

- 1 Pair
- 2 Pairs
- 3 Pairs

SINGLE CUSTOM ORTHOTICS A5514

- 3 Left
- 3 Right

ORTHOTIC WITH TOE FILLER L5000

- 1 Left
- 1 Right

TOP COVERS

- Plastizote®
- P-Cell

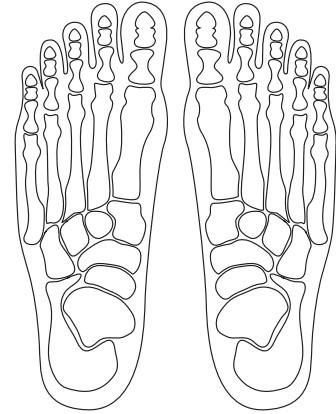
ACCOMMODATIONS

Metatarsal Pad Right Left
Metatarsal Bar Right Left

Heel Lift Height
1/16" L R
1/8" L R
3/16" L R
1/4" L R

Cut Outs: Left (1) (2) (3) (4) (5) Right (1) (2) (3) (4) (5) Marked in Cast

Please mark in cast the location of the Met Pad or Cut Outs required.



LAB STANDARDS WILL APPLY WHEN ORDER FORM IS INCOMPLETE.

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

This is a limited option product. No substitutions will be accepted and lab standards will be applied.

If additional options or accommodations are desired, please use the PREMIER Accommodative form. To expedite the processing of your order, please call ahead with questions. No modifications will be accepted on this form.

Notes: