

PLACE ACCOUNT LABEL HERE

P.O. Number

PATIENT INFORMATION

Name Male Female
 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
 (NOT AVAILABLE WITH 3D SHELLS)
 3 Day RUSH - 3 Business Days
 (NOT GUARANTEED WITH 3D SHELLS)
 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"/> FUNCTIONAL Shell by patient weight, extrinsic rear foot post, standard heel depth, and orthotic width, Leatherette top cover to mets	<input type="checkbox"/> STANDARD DRESS 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	<input type="checkbox"/> ACCOMMODATIVE <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
Shell by Rigidity OR Thickness <input type="checkbox"/> Flexible <input type="checkbox"/> 3D-A <input type="checkbox"/> Semi-Flexible <input type="checkbox"/> 3D-B <input type="checkbox"/> Semi-Rigid OR <input type="checkbox"/> 3D-C <input type="checkbox"/> Rigid <input type="checkbox"/> 3D-D See the Flexibility Chart at sololabs.com/resources		
Heel Depth  <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	Shell Width <input type="checkbox"/> Wide <input type="checkbox"/> Standard <input type="checkbox"/> Narrow <input type="checkbox"/> Hourglass	
Medial Flange/Platform <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	Lateral Flange <input type="checkbox"/> L <input type="checkbox"/> R	Lateral Clip <input type="checkbox"/> L <input type="checkbox"/> R
1st Met Cut Out <input type="checkbox"/> L <input type="checkbox"/> R	K Wedge <input type="checkbox"/> L <input type="checkbox"/> R	Morton's Ext. In shell <input type="checkbox"/> L <input type="checkbox"/> R
Full Length Shell <input type="checkbox"/> L <input type="checkbox"/> R		
POSTING Forefoot <input type="checkbox"/> Intrinsic <input type="checkbox"/> Tip Posts L <input type="text"/> R <input type="text"/> <input type="checkbox"/> Extrinsic <input type="checkbox"/> To Casts L Varus / Valgus R Varus / Valgus Runner's Wedge L <input type="text"/> R <input type="text"/> L Varus / Valgus R Varus / Valgus Rearfoot <input type="checkbox"/> Intrinsic <input type="checkbox"/> To Vertical L <input type="text"/> R <input type="text"/> <input type="checkbox"/> Extrinsic L Varus / Valgus R Varus / Valgus Heel Lift L <input type="text"/> R <input type="text"/> <input type="checkbox"/> In Increments L inches / mm R inches / mm		
Heel Pad <input type="checkbox"/> L <input type="checkbox"/> R	Horseshoe Pad <input type="checkbox"/> L <input type="checkbox"/> R	Scaphoid Pad <input type="checkbox"/> L <input type="checkbox"/> R
Met Bar <input type="checkbox"/> L <input type="checkbox"/> R	Met Pad <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"/> Leather <input type="checkbox"/> No Cover
Top Cover to Mets <input type="checkbox"/> Leatherette, Vintage Burgundy <input type="checkbox"/> Leatherette, Onyx Black <input type="checkbox"/> Leatherette, Smoke Gray <input type="checkbox"/> P-Cell	<input type="checkbox"/> Bamboo 1/8" <input type="checkbox"/> Neoprene 1/16" <input type="checkbox"/> Neoprene 1/8" <input type="checkbox"/> EVA 1/16" <input type="checkbox"/> EVA 1/8"	<input type="checkbox"/> To Mets

MODIFICATIONS ADDITIONAL CHARGES WILL APPLY - SEE PRICE LIST

A SHELL

<input type="checkbox"/> Polypropylene <input type="checkbox"/> 3/32" <input type="checkbox"/> 1/8" <input type="checkbox"/> 4mm <input type="checkbox"/> 3/16"	<input type="checkbox"/> Performance Rx <input type="checkbox"/> Engineered Nylon <input type="checkbox"/> RX-A <input type="checkbox"/> RX-B <input type="checkbox"/> RX-C	<input type="checkbox"/> Carboplast II <input type="checkbox"/> Graphite <input type="checkbox"/> 2 mm <input type="checkbox"/> 2.5 mm <input type="checkbox"/> 2.9 mm	<input type="checkbox"/> DBX Graphite <input type="checkbox"/> 1.25 mm
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B ARCH REINFORCEMENT Standard Reduced Bulk
INTRINSIC HEEL PAD L R

C ADDITIONAL ACCOMMODATIONS

Padding L R
 Soft 1/16"
 Firm 1/8"
 3/16"

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

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

Padded Flange L R

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

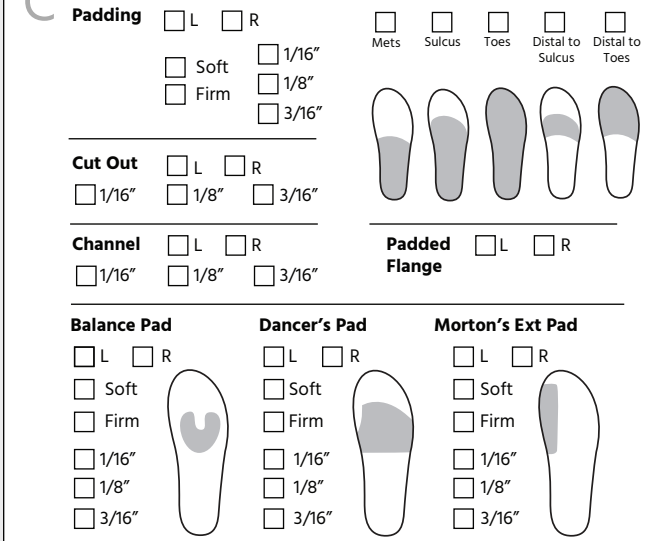
Dancer's Pad L R
 Soft Firm
 1/16" 1/8" 3/16"

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

D TOE FILLER L R

E TOP COVER LENGTH
 To Sulcus To Toes

NOTES



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-B