

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**

**ADDITIONAL CHARGES WILL APPLY**

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

SHIPPING INFORMATION IF SHIP TO PATIENT OR LOCATION OTHER THAN THE ACCOUNT LABEL

Street Address

City  State & ZIP

Physician's Signature

Send Account Labels



Scan for 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 3D SHELL RIGIDITY**

Flexible

**Semi-Rigid**

Rigid

Weight Required

**HEEL LIFT**

1/8" Left Lift

1/8" Right Lift

3/16" Left Lift

3/16" Right Lift

1/4" Left Lift

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

1/8" EVA To Sulcus

1/8" EVA To Toes

(Additional charge for longer length)

**POSTING REARFOOT**

Intrinsic

**Extrinsic**

**To Vertical**

Left Varus \_\_\_\_\_ Right Varus \_\_\_\_\_

Left Valgus \_\_\_\_\_ Right Valgus \_\_\_\_\_

No substitutions or modifications will be accepted.

**Lab Standards** will be applied when order form is incomplete.

Shell material is 3D Nylon

\*If shoe size is not supplied, any repair charges needed will be applied. Images are for visual purposes only.



Scan for product details