

PLACE ACCOUNT LABEL HERE

Please use the most recent order form at sololabs.com/order-forms
Updated 7/31/24

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

ADDITIONAL CHARGES WILL APPLY

- 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)

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

<p><input type="checkbox"/> FUNCTIONAL Shell by patient weight, extrinsic rear foot post, standard heel depth, and orthotic width, Leatherette top cover to mets</p> <p>3D Shell by Rigidity OR Thickness</p> <p><input type="checkbox"/> Flexible <input type="checkbox"/> 3D-A <input type="checkbox"/> Semi-Flexible <input type="checkbox"/> 3D-B <input type="checkbox"/> Semi-Rigid <input type="checkbox"/> 3D-C <input type="checkbox"/> Rigid <input type="checkbox"/> 3D-D</p> <p>OR</p> <p><input type="checkbox"/> 3D ARCH REINFORCEMENT BARS</p>	<p><input type="checkbox"/> STANDARD DRESS Shell by patient weight, intrinsic rear foot post, low heel depth and hourglass width, Leatherette top cover to mets</p> <p><input type="checkbox"/> Cobra <input type="checkbox"/> Shadow</p> <p>See the Flexibility Chart at sololabs.com/resources</p>	<p><input type="checkbox"/> ACCOMMODATIVE</p> <p><input type="checkbox"/> Cork Shell to toes, standard heel depth, molded P-Cell top cover to toes</p> <p><input type="checkbox"/> EVA Shell</p> <p><input type="checkbox"/> Leather Shell Shell to mets, leather top cover to toes</p> <p><input type="checkbox"/> Firm Plastazote Shell</p>
<p>Heel Depth</p> <p><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</p>	<p>Shell Width</p> <p><input type="checkbox"/> Wide <input type="checkbox"/> Standard <input type="checkbox"/> Narrow <input type="checkbox"/> Hourglass</p>	
<p>Medial Flange/Platform <input type="checkbox"/> L <input type="checkbox"/> R</p> <p><input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Mini Platform <input type="checkbox"/> Standard Platform</p>	<p>Lateral Flange <input type="checkbox"/> L <input type="checkbox"/> R</p>	<p>Lateral Clip <input type="checkbox"/> L <input type="checkbox"/> R</p>
<p>1st Met Cut Out <input type="checkbox"/> L <input type="checkbox"/> R</p>	<p>K Wedge <input type="checkbox"/> L <input type="checkbox"/> R</p>	<p>Morton's Ext. In shell <input type="checkbox"/> L <input type="checkbox"/> R</p>
<p>Full Length Shell <input type="checkbox"/> L <input type="checkbox"/> R</p>		
<p>POSTING</p> <p>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</p> <p>Runner's Wedge L <input type="text"/> R <input type="text"/> Varus / Valgus Varus / Valgus</p> <p>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</p> <p>Heel Lift L <input type="text"/> R <input type="text"/> <input type="checkbox"/> In Increments inches / mm inches / mm</p>		
<p>Heel Pad <input type="checkbox"/> L <input type="checkbox"/> R</p>	<p>Horseshoe Pad <input type="checkbox"/> L <input type="checkbox"/> R</p>	<p>Scaphoid Pad <input type="checkbox"/> L <input type="checkbox"/> R</p>
<p>Met Bar <input type="checkbox"/> L <input type="checkbox"/> R</p>	<p>Met Pad <input type="checkbox"/> L <input type="checkbox"/> R</p> <p><input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"</p>	
<p>Top Cover to Mets</p> <p><input type="checkbox"/> Leatherette, Vintage Burgundy <input type="checkbox"/> Bamboo 1/8" <input type="checkbox"/> Leather <input type="checkbox"/> Leatherette, Onyx Black <input type="checkbox"/> Neoprene 1/16" <input type="checkbox"/> No Cover <input type="checkbox"/> Leatherette, Smoke Gray <input type="checkbox"/> Neoprene 1/8" <input type="checkbox"/> P-Cell <input type="checkbox"/> EVA 1/16" <input type="checkbox"/> EVA 1/8" <input type="checkbox"/> To Mets</p>		

MODIFICATIONS ADDITIONAL CHARGES WILL APPLY - SEE PRICE LIST

A SHELL

<input type="checkbox"/> Polypropylene	<input type="checkbox"/> Performance Rx	<input type="checkbox"/> Carboplast II	<input type="checkbox"/> DBX Graphite
<input type="checkbox"/> 3/32"	<input type="checkbox"/> Engineered Nylon	<input type="checkbox"/> Graphite	
<input type="checkbox"/> 1/8"	<input type="checkbox"/> RX-A	<input type="checkbox"/> 2 mm	<input type="checkbox"/> 1.25 mm
<input type="checkbox"/> 4mm	<input type="checkbox"/> RX-B	<input type="checkbox"/> 2.5 mm	
<input type="checkbox"/> 3/16"	<input type="checkbox"/> RX-C	<input type="checkbox"/> 2.9 mm	

B ARCH REINFORCEMENT (SOFT) Standard Reduced Bulk

INTRINSIC HEEL PAD L R

C ADDITIONAL ACCOMMODATIONS

Padding L R

Soft 1/16"
 Firm 1/8"
 3/16"

Mets Sulcus Toes Distal to Sulcus Distal to Toes

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

Scan for product details

Left Right

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