

PLACE ACCOUNT LABEL HERE

Please use the most recent order form at [sololabs.com/order-forms](http://sololabs.com/order-forms)  
Updated 8/15/24

P.O. Number

**PATIENT INFORMATION**

Name   Male  Female  
Shoe Size\*

Date of Birth  Weight

Shoes/ Insoles Enclosed

**Order Options**

**ADDITIONAL CHARGES WILL APPLY**

- 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)

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

|   |  |
|---|--|
| <b>PREVIOUS ORDER</b>                       | Date   |
| Order # <input type="text"/>                | <input type="text"/>                             |
| <input type="checkbox"/> Complete Refurbish | <input type="checkbox"/> Repest to Current Specs |

Add  Change To

**FOREFOOT POSTING**

Intrinsic  Tip Posts  Extrinsic  To Casts

L  <sup>o</sup> R  <sup>o</sup>  
Varus / Valgus Varus / Valgus

Runner's Wedge L  <sup>o</sup> R  <sup>o</sup>  
Varus / Valgus Varus / Valgus

K Wedge (1st Ray Cutout)  L  R 1st Met Cut Out  L  R

Add  Change To

**REARFOOT POSTING**

Intrinsic  Extrinsic  To Vertical

L  <sup>o</sup> R  <sup>o</sup>  
Varus / Valgus Varus / Valgus

Heel Lift L  R   In Increments

**PLATE MODIFICATIONS**

|                   |   |  |
|-------------------|---|--|
| Decrease Arch     | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4" |
| Increase Arch     | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4" |
| Decrease Heel Cup | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4" |
| Narrow Device     | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4" |
| Shorten Device    | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4" |

NOTE: LAB STANDARDS APPLY WHEN ORDER FORM IS INCOMPLETE.  
\* If shoe size is not supplied, any repair charges needed will be applied

Notes

**ADDITIONS**

Arch Reinforcement  Standard  Reduced Bulk

Heel Pad  L  R  Intrinsic Heel  Padded Heel  Horseshoe Pad

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

Met Bar  L  R  Soft  Firm  1/16"  1/8"  3/16"

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

Soft Flange  L  R Toe Filler  L  R Toe Crest  L  R

If not listed, please describe

**PADDINGS**

As Original  Change To

Padding Type  Soft  Firm

Padding Thickness  1/16"  1/8"  3/16"

Padding Length  Heels to Mets  Heels to Sulcus  Heels to Toes  
 Distal End to Sulcus  Distal End to Toes

**ACCOMODATIONS**

As Original  Change To

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

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

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

Location Left  1  2  3  4  5 Right  1  2  3  4  5  Marked in Cast

**TOP COVERS**

|  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Leatherette, Vintage Burgundy | <input type="checkbox"/> P-Cell      | <b>Top Cover Length</b><br><input type="checkbox"/> To Toes *<br><input type="checkbox"/> To Sulcus *<br><input type="checkbox"/> To Mets<br><input type="checkbox"/> No Cover |
| <input type="checkbox"/> Leatherette, Onyx Black       | <input type="checkbox"/> EVA 1/16"   |  |
| <input type="checkbox"/> Leatherette, Smoke Gray       | <input type="checkbox"/> EVA 1/8"    |  |
| <input type="checkbox"/> Neoprene 1/16"                | <input type="checkbox"/> Leather     |  |
| <input type="checkbox"/> Neoprene 1/8"                 | <input type="checkbox"/> Bamboo 1/8" |  |
|  |                                      |  |

\* Upgraded top cover charges apply