LABORATO		CHIE BRAC	ES	Please use the most recent	COUNT LABEL HERE order form at <i>sololabs.com/order-forms</i> odated 12/19/24
P.O. Number		Order Options	ADDITIONAL CHARGES	SHIPPING INFORMATION IF	
PATIENT INFORMATION		US Mail Labels (Qty	WILL APPLY	LOCATION OTHER THAN THE	ACCOUNT LABEL
Name Shoe Size*	Male Female (for shoe sizing)	UPS Labels (Qty 5)	(Street Address	
Date of Birth	Weight	-		City	State & ZIP
Shoes/ Insoles Enclose	-			Physician's Signature	
Previous Rx #	Date	_		Send Account Labels	Contraction
	sing of your order, please cal				scan to order forms
Activity Level: 🗌 N Diagnosis:	on Ambulatory 🔲 Low/Trans		h/Active		
Primary reason for t					
Clinical Observation Ankle: One Forefoot: Nord		Fixed/Fused	al Instruction	ns:	
	eft Only 🗌 Right Only	Bilateral PLE	SE MARK MED	IAL AND LATERAL MALLEC	DLI ON NEGATIVE CAST!
STANDARD	e e Restricted Hinge) n Suspender n Suspender	C ASSIST	D AFO	SOCCER Full Flexion Hinge Restricted Hinge	LITTLE RICHIE
Top Cover:	EVA Spend	o Plastazote/Por	on		
Top Cover Length:	Met (unavailable on Dynamic A	ssist) Sulcus] Full 🗌 A	dd extra Poron	
Heel Cup:	🗌 10mm 🗌 14mm	18mm] 35mm		
Extrinsic Forefoot Po	st to Sulcus: Right: Vari Left: Vari		Degrees Degrees	• - -	
		Lateral mm Lateral mm			
Modifications:	 Met Pad Met Bar Morton's Extension 				Scan for product details

(Items highlighted in Bold are Standard) *If shoe size is not supplied, any repair charges needed will be applied 415 South Laurel Street, Kutztown, PA 19530 800-765-6522 Fax 610-683-6427 www.sololabs.com