

SOLO ADVANCE TRADITIONAL BRACES

PLACE ACCOUNT LABEL HERE

Please use the most recent order form at sololabs.com/order-forms Updated 1/2/25

LABORATO	PRIES, INC.					
P.O. Number		Order Options ADDITION CHARGES WILL APPL		SHIPPING INFORMATION IF SHIP TO PATIENT OR		
Name Shoe Size* Male Female (for shoe sizing)			US Mail Labels (Qty 5) UPS Labels (Qty 5) RUSH - 7-10 Business Days OVERNIGHT SHIPPING (RUSH		Street Address	
		nale			City	State & ZIP
Date of Birth Weight			CHARGES DO NOT INCLUDE OVERNIGHT SHIPPING)		•	
☐ Shoes/ Insoles Enclosed	d				Physician's Signature	
					Send Account Labels	
Previous Rx # Date						Scan for order forms
To expedite the process	ing of your order, p	lease call ahea	ad with questions.			
Activity Level: No	on Ambulatory 🔲 L	.ow/Transfer	☐ Medium ☐ Hig	gh/Active		
Diagnosis:						
Primary reason for t	he device:					
Clinical Observation: Special Instructions:						
Ankle: Normal/						
Forefoot: Normal/	Flexible Limited	d ☐ Fixed/Fu	ised			
Permanent Fixed Hinge Perm. (Available only on the Permanent Fixed Hinge) (Available) Medial Arch Suspender Medial Arch Suspender		ARD exion Hinge nent Fixed Hinge only on the Permanent Fixed H dial Arch Suspender eral Arch Suspender in Hammock	☐ Dorsi remo	IEY FLEXOR Assist with wable anterior	DYNAMIC TAMARACK Free Motion Dorsi Assist With Posterior Bracket Without Posterior Bracket	
Top Cover:	☐ EVA Swirl	Ebony	☐ Plastazote/PP	T Spend	0.0	
Top Cover Length:	☐ Met	Sulcus	Full			
Rearfoot Post:	☐ Varus	☐ Valgus	Degrees	_ Lab D	Discretion	
Forefoot Post:	☐ Varus	☐ Valgus	Degrees	_ Lab D	Discretion	
Cast Modifications: Ankle: Forefoot:	Lab Discretion Correct to Neut Correct to Neut	=	ave as Casted ave as Casted			
Circumference Measu	rement:	Brace	e height 10″			■投資 2 % 2000

Circumference of ankle