

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)
- 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

<input type="checkbox"/> FUNCTIONAL Shell by patient weight, extrinsic rear foot post, standard heel depth, and orthotic width, Leatherette top cover to mets 3D Shell by Rigidity OR Thickness <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 OR <input type="checkbox"/> 3D ARCH REINFORCEMENT BARS	<input type="checkbox"/> STANDARD DRESS Shell by patient weight, intrinsic rear foot post, low heel depth and hourglass width, Leatherette top cover to mets <input type="checkbox"/> Cobra <input type="checkbox"/> Shadow See the Flexibility Chart at sololabs.com/resources	<input type="checkbox"/> ACCOMMODATIVE <input type="checkbox"/> Cork Shell to toes, standard heel depth, molded P-Cell top cover to toes <input type="checkbox"/> EVA Shell <input type="checkbox"/> Leather Shell Shell to mets, leather top cover to toes <input type="checkbox"/> Firm Plastazote Shell
Heel Depth <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	Shell Width <input type="checkbox"/> Wide <input type="checkbox"/> Standard <input type="checkbox"/> Narrow <input type="checkbox"/> Hourglass	

Medial Flange/Platform <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Mini Platform <input type="checkbox"/> Standard Platform 	Lateral Flange <input type="checkbox"/> L <input type="checkbox"/> R 	Lateral Clip <input type="checkbox"/> L <input type="checkbox"/> R
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1st Met Cut Out <input type="checkbox"/> L <input type="checkbox"/> R 	K Wedge <input type="checkbox"/> L <input type="checkbox"/> R 	Morton's Ext. In shell <input type="checkbox"/> L <input type="checkbox"/> R 	Full Length Shell <input type="checkbox"/> L <input type="checkbox"/> R
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POSTING

Forefoot Intrinsic Tip Posts L R
 Extrinsic To Casts L Varus / Valgus R Varus / Valgus

Runner's Wedge L R
 Varus / Valgus Varus / Valgus

Rearfoot Intrinsic To Vertical L R
 Extrinsic L Varus / Valgus R Varus / Valgus

Heel Lift L R In Increments
 inches / mm inches / mm

Heel Pad <input type="checkbox"/> L <input type="checkbox"/> R 	Horseshoe Pad <input type="checkbox"/> L <input type="checkbox"/> R 	Scaphoid Pad <input type="checkbox"/> L <input type="checkbox"/> R 	Met Bar <input type="checkbox"/> L <input type="checkbox"/> R 	Met Pad <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"
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Top Cover to Mets

<input type="checkbox"/> Leatherette, Vintage Burgundy	<input type="checkbox"/> Neoprene 1/16"	<input type="checkbox"/> Leather
<input type="checkbox"/> Leatherette, Onyx Black	<input type="checkbox"/> Neoprene 1/8"	<input type="checkbox"/> No Cover
<input type="checkbox"/> Leatherette, Smoke Gray	<input type="checkbox"/> EVA 1/16"	
<input type="checkbox"/> P-Cell	<input type="checkbox"/> EVA 1/8"	

To Mets

MODIFICATIONS ADDITIONAL CHARGES WILL APPLY - SEE PRICE LIST

A SHELL

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

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

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

Padded Flange L R

Mets Sulcus Toes Distal to Sulcus Distal to Toes

Balance Pad <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" 	Dancer's Pad <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" 	Morton's Ext Pad <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"
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D TOE FILLER L R

E TOP COVER LENGTH

To Sulcus To Toes

NOTES

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.