SOLO LABORATORIES, INC.

ADVANCE TORCH WALKER

PLACE ACCOUNT LABEL HERE

Please use the most recent order form at *sololabs.com/order-forms*
Updated 11/10/25

P.O. Number

PATIENT INFORMATION

Name

Shoe Size*

☐ Male ☐ Female (for shoe sizing)

Date of Birth Weight

☐ Shoes/ Insoles Enclosed

Previous Rx # Date

Order Options ADDITIONAL CHARGES WILL APPLY

☐ US Mail Labels (Qty 5)
☐ UPS Labels (Qty 5)

☐ **RUSH -** 7-10 Business Days
☐ **OVERNIGHT SHIPPING** (RUSH CHARGES DO NOT INCLUDE OVERNIGHT SHIPPING)

SHIPPING INFORMATION IF SHIP TO PATIENT OR LOCATION OTHER THAN THE ACCOUNT LABEL

Street Address

City State & ZIP

Physician's Signature

☐ Send Account Barcode Labels

Scan for order forms

To expedite the processing of your order, please call ahead with questions.

Activity Level: ☐ Non Ambulatory ☐ Low/Transfer ☐ Medium ☐ High/Active

Diagnosis: _____

Primary reason for the device: _____

Clinical Observation:

Ankle: ☐ Normal/Flexible ☐ Limited ☐ Fixed/Fused

Forefoot: ☐ Normal/Flexible ☐ Limited ☐ Fixed/Fused

Special Instructions: _____

ADVANCE TORCH WALKER

☐ Left Only ☐ Right Only ☐ Bilateral

Closure Type:
☐ All Laces ☐ Hooks
☐ All Velcro® ☐ Total Contact Sraps with AFO Pads _____ (# of Pads)

Color: ☐ Dark Brown ☐ Black ☐ Other _____

Height: (Measured from base heel to top of collar)
☐ 6" ☐ 10" ☐ 15" ☐ Other _____

Tongue: Include reinforced anterior shell tongue?
☐ Yes ☐ No

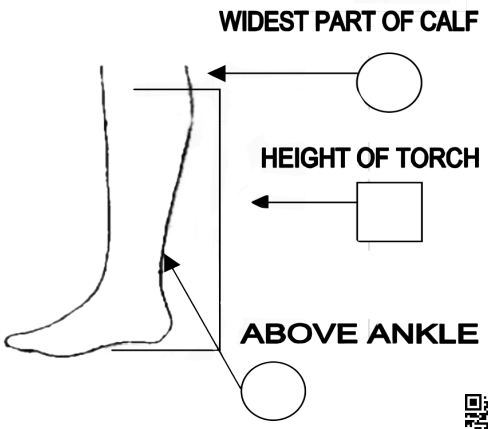
Soling: Include S.A.C.H. heel and rocker sole?
☐ Yes ☐ No

Insert:
☐ 1/4" Pink, 1/8" Poron, 1/4" E.V.A.
☐ Other Combination _____

Cast Modifications: ☐ None (as casted)

Correct Ankle to 90°: ☐ AP ☐ ML ☐ Both

Forefoot:
☐ Correct to 90° ☐ As Casted
☐ Extra High Toe Box ☐ Standard Toe Box Height
☐ Extra Toe Elongation ☐ Standard Toe Elongation
☐ Depress as Marked



Scan for product details

*If shoe size is not supplied, any repair charges needed will be applied.

SPECIAL INSTRUCTIONS

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