



orthotic lab, inc.
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ADJUSTMENT/REFURBISH ORDER FORM

Dr/Practitioner
 Name
 Facility Name
 And Address:

**DO NOT
 LEAVE BLANK**

PURCHASE ORDER #

2 Day Rush \$50
 3 Day Rush \$35

FOR OFFICE USE ONLY

Cast ID _____

Scanned

Warranty

Name: _____

M F Age _____ Weight Lbs. _____ Brand _____

Style: Athletic Dress Casual Diabetic Size _____

Pairs of Orthotics **Other:** _____

Diagnosis _____

MADE BY: **NEW STEP LAB** **OTHER LAB**

Complete Refurbish w/Changes

Complete Refurbish

Recover Only

Adjustment Only

MODIFICATIONS:

Heel Cups..... L R
 Low Medium Deep

Metatarsal Pads/Raise L R
 S M L

Metatarsal Bar L R
 S M L

Neuroma Pad..... L R

Heel Spur Cut-Outs L R

Extra Cushion..... L R
 Heel Forefoot

Cut out 1st Ray..... L R

Metatarsal Cut Out L R

L 1 2 3 4 5

R 1 2 3 4 5

Horseshoe Heel Pad..... L R

Morton's Ext. (cork)..... L R

Reverse Morton's Ext. L R

Medial Flange L R
 Soft Hard

Planter Arch Fill L R

Cork PPT Corex EVA

Heel Lift/Amount _____ L _____ R

SHELL WIDTH:

NARROW MEDIUM WIDE DRESS TRIM

TOP COVER

LENGTH: Shell^(1/2) Sulcus^(3/4) Toe (FULL)

Vinyl only (no padding)

Vinyl Full Foot 1/8" PPT

1/8" Thermal Mold

1/8" Spenco

1/16" Spenco

1/8" P-Cell + 1/16" PPT Padding

Sweat Resistance with 1/16" PPT Padding

Leather with 1/8" PPT Padding

Suede + 1/8" Cushion

BOTTOM COVERS: EVA Vinyl None

PLEASE NOTE:

Any changes that deviate from the original order will be charged according to work done.

Any modifications that should have been done and was done incorrectly by the lab will be at no additional cost.

SPECIAL INSTRUCTIONS:

POSTING

FOREFOOT

Intrinsic Extrinsic

Left

Medial _____

Lateral _____

Neutral _____

Right

Medial _____

Lateral _____

Neutral _____

REARFOOT

Intrinsic Extrinsic

Left

Medial _____

Lateral _____

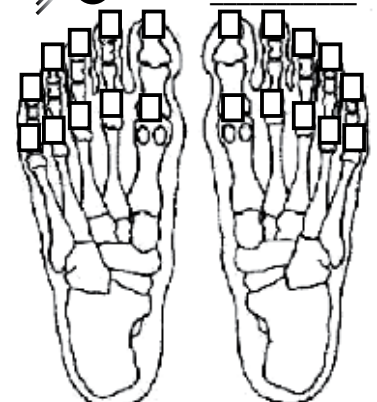
Neutral _____

Right

Medial _____

Lateral _____

Neutral _____



BOTTOM VIEW