



Propét Order Form

Account Name: _____	Account #: _____	Date: _____
Phone Number: _____	Fax Number: _____	

For full line of Propét products please see our website at www.comfortfitlabs.com

Women's Styles	Men's Styles
<u>Life Walker</u> – Lace (White or Black) N(AA) 6-11, M(B) 5-11, W(D) 5-11	<u>Life Walker</u> – Lace (Black or White) M(D) 7-12,13,14,15,16 X(3E) 7-12,13,14,15,16 XX (5E) 7-12,13,14,15 M(D) 16 and X(3E) 16 available in White Only
<u>Stability Walker</u> – Lace (Black, White, Mushroom Nubuck) N(AA) 6-11,12,13 White & Black colors only in N(AA) M(B) 5-11,12,13 W(D) 5-11,12,13 X(2E) 5-11,12,13 XX (4E) 5-11,12,13 Sizes 5,5.5 in W, X, XX available in White Only	<u>Stability Walker</u> – Lace (Black, White, Grey Nubuck, Choco Nubuck) N(B) 8-12,13,14,15,16 all sizes in N(B) Black Only M(D) 7-12,13,14,15,16,17 7-8.5,17 Black Only X(3E) 7-12,13,14,15,16,17 7-8.5,17 Black Only XX(5E) 7-12,13,14,15,16,17 7-8.5,17 Black Only
<u>Tour Walker Velcro</u> - Velcro (Black, White, White/Berry, White/Navy Blue) N(AA) 6-11,12 White Only in N(AA) sizes M(B) 6-11,12 W(D) 6-11, 12 X(2E) 6-11,12 XX(4E) 6-11, 12	<u>Leisure Walker Strap</u> – Velcro (Black or Ice) M(D) 7-12,13,14,15,16,17 X(3E) 7-12,13,14,15,16,17 XX(5E) 7-12,13,14,15,16,17
<u>Easy Walker</u> – Velcro (White, Black, Bone) M(B) 5-11, W(D) 6-11, X(2E) 6-11	<u>Ped Walker 25</u> – Velcro (Black or White) N(B) 9-12,13 M(D) 7-12,13,14,15 X(3E) 8-12,13,14,15 XX(5E) 8-12,13,14,15
<u>Washable Walker</u> – Lace (Blue, Pink, White, Bone, Royal Blue) S(4A) 7-11, N(AA) 6,6.5,7-11 M(B) 5-11, W(D) 5,5.5,6-11 X(2E) 5,5.5,6-11 N 6,6.5 W 5,5.5 and X 5,5.5 available in White Only	<u>Life Walker Strap</u> – Velcro (Black or White) M(D) 7-12,13,14,15 X(3E) 7-12,13,14,15,16 XX(5E) 7-12,13,14,15,16 X(3E) 16 and XX (5E) 16 available in White Only

Patient Name: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Style Name/Item #: _____	Color: _____	
Size: _____	Length: _____	Width: _____
*we will accept orders for styles shown on website and not listed below – put item number in above space		

<input type="checkbox"/> Propét Shoe Only	\$	
<input type="checkbox"/> Package for Medicare Therapeutic Shoe Bill with one pair of Propét shoes and 3 pairs of multi-density, heat molded diabetic inserts	\$	set of 3
<input type="checkbox"/> Package for Medicare Therapeutic Shoe Bill with one pair of Propét shoes and 3 pairs of custom diabetic orthotics	\$	set of 3
Shipping applies to all orders	\$	shipping
<i>(Check your selections from above and total)</i>		Total: _____

ComfortFit Orthotic Labs
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Roselle, NJ 07203

888.523.1600
908.259.9105 fax

Any returns must be received in our lab within 2 weeks of your receipt for credit. Please note that shoes/insoles cannot be worn and the box must be intact with no writing on it. A restocking fee will be charged for each return.