ComfortFit Orthotics

REPAIR/REFURBISHMENT FORM

246 Columbus Avenue • Roselle, NJ 07203
Phone (888) 523-1600 • (908) 259-9100
Fax (908) 259-9105
www.comfortfitlabs.com

FOR OFFICE USE ONLY
Date of Order_____
Account #_____
Order #_____

❑ **Covered by Comfort Zone Extended Warranty**

Account Name_____ Phone_____

Address_____ City_____ State_____ Zip_____

Patient Name_____ Age_____ Sex_____ Weight_____ Order #_____

Shoe Size_____ Shoe Type_____ Activity_____

❑ Ship Directly to Patient's Address_____ City_____ State_____ Zip_____

Flat Rate Repair Service

❑ Refurbish As Is

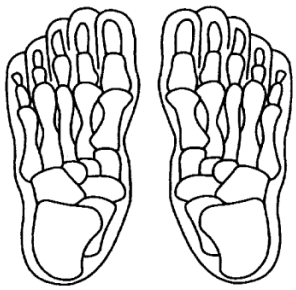
	RIGHT	LEFT	BOTH		METS	SULCUS	FULL
❑ DIABETIC	❑	❑	❑		❑	❑	❑
❑ LEATHER	❑	❑	❑		❑	❑	❑
❑ SPENCO *(or equivalent)*	❑	❑	❑		❑	❑	❑
❑ BAMBOO NEOLON	❑	❑	❑		❑	❑	❑
❑ VINYL	❑	❑	❑		❑	❑	❑
❑ BLUE CLOUD	❑	❑	❑		❑	❑	❑
❑ 1/16" PORON	❑	❑	❑	❑ OVERSHELL	❑	❑	❑
❑ 1/8" PORON	❑	❑	❑	❑ OVERSHELL	❑	❑	❑
❑ HEEL SPUR PADS	❑	❑	❑		❑ U-Pad	❑ Heel Pads _____"	
❑ MET PADS	❑	❑	❑		❑ Low	❑ Medium	❑ High
❑ SCAPHOID PADS	❑	❑	❑		❑ EVA	❑ Poron	
❑ REINFORCE ARCH	❑	❑	❑		❑ 1/16"	❑ 1/8"	❑ 1/4"
❑ MEDIAL WEDGE	❑	❑	❑		❑ 1/16"	❑ 1/8"	❑ 1/4"
❑ LATERAL WEDGE	❑	❑	❑		❑ 1/16"	❑ 1/8"	❑ 1/4"
❑ HEEL LIFTS	❑	❑	❑		❑ 1/16"	❑ 1/8"	❑ 1/4"

POSTING

REARFOOT POSTING:
❑ REANGLE ❑ LEFT ❑ VARUS_____
❑ REPOST ❑ RIGHT ❑ VALGUS_____
❑ REMOVE ❑ BOTH
❑ ADD

FOREFOOT POSTING:
❑ REANGLE ❑ LEFT ❑ VARUS_____
❑ REPOST ❑ RIGHT ❑ VALGUS_____
❑ REMOVE ❑ BOTH
❑ ADD

ACCOMMODATE



RIGHT LEFT
PLANTAR VIEW

OTHER INSTRUCTIONS: _____

❑ Tracing Enclosed
❑ Shoes Enclosed