



Propét Order Form – Men’s Spring 2012

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

For full line of Propét products please see our website at www.comfortfitlabs.com
 To ensure a timely delivery, please have your patient select their TWO favorite styles

Men’s Styles	Men’s Styles
<u>Pucker Strap</u> – Strap (Black) M(D) 8-12,13,14,15,16 X(3E) 8-12,13,14,15,16 and XX(5E) 8-12,13,14,15,16 Style #: M3925	<u>Journey</u> – Lace (White/Grey, Grey/Navy, Black/Grey) M(D) 7-12,13,14,15 X(3E) 8-12,13,14,15 XX(5E) 8-12,13,14,15 Style #: M2082
<u>Stability Walker</u> – Lace (Grey/Black Nubuck, White, Black, Choco/Black Nubuck) M(D) 8-12,13,14,15,16 X(3E) 8-12,13,14,15,16 and XX(5E) 8-12,13,14,15,16 <i>Black and White start at size 7 and are available in Narrow</i> Style #: M2034	<u>Trek</u> – Lace & Strap (Black/Pewter, Gunsmoke/Black,) M(D) 8-12,13,14,15 X(3E) 8-12,13,14,15 XX(5E) 8-12,13,14,15 Style #: M2079 (Lace) M2095 (Strap)
<u>Santa Cruz</u> – Strap (Black) M(D) 8-12,13,14,15 X(3E) 8-12,13,14,15 and XX(5E) 8- 12,13,14,15 Style #: M4200	<u>Lakeport</u> – Strap (Black, Rich Brown) M(D) 8-12,13,14,15 X(3E) 8-12,13,14,15 XX(5E) 8-12,13,14,15 Style #: M4114
<u>Leisure Walker Strap</u> – Strap (Black, Ice) <i>Ice stops at 14</i> M(D) 8-12,13,14,15,16 X(3E) 8-12,13,14,15,16 and XX(5E) 8-12,13,14,15,16 Style #: M3715	<u>Vista Strap</u> – Strap (Brown, Black) M(D) 8-12,13,14,15,16 X(3E) 8-12,13,14,15,16 and XX(5E) 8-12,13,14,15,16 Style #: M3915
<u>Commuterlite</u> – Lace (Black, Bronco Brown) M(D) 8-12,13,14,15 X(3E) 8-12,13,14,15 and XX(5E) 8- 12,13,14,15 Style #: M1019	<u>Vista</u> – Lace (Black, Brown) M(D) 8-12,13,14,15 X(3E) 8-12,13,14,15 and XX(5E) 8-12,13,14,15 Style #: M3910

Patient Name: _____

Style Name : _____ Style #: _____ Color: _____

Size: _____ Length: _____ Width: _____

*we will accept orders for styles shown on website and not listed on this sheet – put item number in above space

Propét Shoe Only

Package for Medicare Therapeutic Shoe Bill with
3 pairs of multi-density, heat molded diabetic inserts (shoes not included)

Package for Medicare Therapeutic Shoe Bill
3 pairs of custom diabetic orthotics (shoes not included)

Shipping applies to all orders
(Check your selections from above and total)

Total: _____

PS004-10B

ComfortFit Orthotic Labs
246 Columbus Avenue
Roselle, NJ 07203

888.523.1600
908.259.9105 fax

All returns must be made within 21 days of receipt. All returns require an RA number. Please note that shoes/insoles cannot be worn and the box must be intact with no writing on it. A \$10.00 restocking fee will be charged for each return and a \$26.00 restocking fee will be charged for a marred or missing box.