



Propét Order Form – Women’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**

Women’s Styles	Women’s Styles
<p><u>Balance Bar Strap</u>– Strap (Black/Grey, White/Grey) N(AA) 7-10, M(B) 5-10,11,12 W(D) 6-10,11,12 XW(2E) 7-10 XXW(4E) 7-10 Style #: W1705</p>	<p><u>Journey</u> – Lace (White/Blue, Grey/Lilac,Black/Grey, Sand) N(AA) 7-10,11 M(B) 5-10,11,12,13 W(D) XW(2E) 6-10,11,12,13 XXW(4E) 6-10, 11, 12 Style #: W2082</p>
<p><u>Stability Walker</u> – Lace (Black, White, Sport White) N(AA) 7-11,12 M(B) 6-11,12,13 W(D) 6-11,12,13 XW(2E) 6-11,12,13 XXW(4E) 6-11,12,13 <i>N and 4E only available in black and white</i> Style #:W2034</p>	<p><u>Trek</u> – Lace & Strap (Black/Pewter, Gunsmoke/Black, Taupe/Gunsmoke) M(B) 5-10,11,12 W(D) 6-10,11,12 XW(2E) 7-10,11 Style #: W2079 (Lace) W2095 (Strap)</p>
<p><u>Erika</u>- Strap (Chili Red, Black, Bone) M(B) 6-11,12 W(D) 6-11,12 XW(2E) 6-11,12 Style #: WPRX12</p>	<p><u>Balance Bar Mary Jane</u> - Strap (Black, White) N(AA) 7-10 M(B) 5-10,11,12 W(D) 6-10,11,12 XW(2E) 7-10,11 and XXW(4E) 7-10,11 Style #: W7105</p>
<p><u>Prudence</u> – Strap (Chili Red, Black, Bone, Navy) M(B) 6-10,11,12, W(D) 6-10,11,12 XW(2E) 6-10,11,12 Style #: W2065</p>	<p><u>Vista Strap</u> –Strap (White, Bone, Black) M(B) 6-11 W(D) 6-11 XW(2E) 6-11 and XXW(4E) 6-11 (Bone NA in 4E) Style #: W3915</p>
<p><u>Mary Lou</u> – Strap (White/Navy, Black) M(B) 6-11 W(D) 6-11 XW(2E) 6-11 Style #: W3868</p>	<p><u>Ped Walker 8</u> – Lace (White/Blue) M(B) 6-11,12 W(D) 6-11,12 XW(2E) 6-11,12 and XXW(4E) 7-11,12 Style #: WPED8</p>

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.