



REPAIR/REFURBISHMENT FORM

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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
<input type="checkbox"/> DIABETIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LEATHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SPENCO (or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BAMBOO NEOLON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> VINYL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BLUE CLOUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1/16" PORON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OVERSHELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1/8" PORON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OVERSHELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HEEL PADS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Spur U-Pad	<input type="checkbox"/> 1/16"	<input type="checkbox"/> 1/8"
<input type="checkbox"/> MET PADS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
<input type="checkbox"/> REINFORCE ARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> EVA	<input type="checkbox"/> Poron	
<input type="checkbox"/> SCAPHOID PADS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 1/16"	<input type="checkbox"/> 1/8"	<input type="checkbox"/> 1/4"
<input type="checkbox"/> MEDIAL WEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 1/16"	<input type="checkbox"/> 1/8"	<input type="checkbox"/> 1/4"
<input type="checkbox"/> LATERAL WEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 1/16"	<input type="checkbox"/> 1/8"	<input type="checkbox"/> 1/4"
<input type="checkbox"/> HEEL LIFTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 1/16"	<input type="checkbox"/> 1/8"	<input type="checkbox"/> 1/4"

POSTING

REARFOOT POSTING:

REANGLE LEFT VARUS _____

REPOST RIGHT VALGUS _____

REMOVE BOTH

ADD

FOREFOOT POSTING:

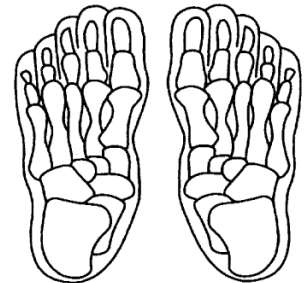
REANGLE LEFT VARUS _____

REPOST RIGHT VALGUS _____

REMOVE BOTH

ADD

ACCOMMODATE



RIGHT LEFT
PLANTAR VIEW

OTHER INSTRUCTIONS: _____

Tracing Enclosed
 Shoes Enclosed