

DIABETIC SHOE/INSOLE ORDER FORM

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For a listing of diabetic shoes, refer to our website, <u>www.comfortfitlabs.com</u>. Contact our Customer Service Department at 888-523-1600 for price and availability. Shoe catalogs available upon request. *Note: Shoe returns are subject to a restocking fee.*

			Drew	Propet	Ped-Lite				
Account Name					Account Number				
Patient Name _						🗅 Male	🗅 Female		
Shoe Size			Length	Width_					
Shoe Type (circle one) Drew		Propet	Ped-Lite						
Style Name				Style Numbe	erC	olor			
Check one	Shoes	s Only							
	Shoes with 3 pairs of heat-moldable OTC insoles								
	 Shoes with 1 2 3 (circle one) pairs of custom diabetic insoles (casts are needed for this option 1 pair 2 pairs 3 pairs 								

	ACCOMMOD	ATIONS	— These	e are the c	only accommodation	ns available
	None	Left	Right	Both		
Met Pads					No Charge	Note placement of
Arch Fill					No Charge	accommodations below
U-Pads					No Charge	
Depressions					No Charge	ARRA ARRA
Heel Lifts					No Charge	BUILD REAL
Wedges					No Charge	
Deep Heel Cup					No Charge	
Toe Fill (Cad/Cam)) 🗖				\$ per foot	
Toe Prosthesis					\$ per foot*	

* includes a hand-crafted toe filler mod and the orthotic. An orthotic for the other foot is priced at half your current custom orthotic price.