



# REPAIR/REFURBISHMENT FORM

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**FOR OFFICE USE ONLY**  
 Date of Order \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Order # \_\_\_\_\_

- Covered by Comfort Zone Extended Warranty  
 Covered by 6-Month 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

**POSTING**

**Rearfoot Posting:**  Reangle  Left  Varus \_\_\_\_\_  
 Repost  Right  
 Remove  Both  Valgus \_\_\_\_\_  
 Add

**Forefoot Posting:**  Reangle  Left  Varus \_\_\_\_\_  
 Repost  Right  
 Remove  Both  Valgus \_\_\_\_\_  
 Add

**EXTENSION FROM DISTAL EDGE**

1.5mm Poron\* to:  Sulcus  Full  
 3mm Poron\* to:  Sulcus  Full

**PADDING OVERSHELL HEEL TO**

1.5mm Poron\* to:  Mets  Sulcus  Full  
 3mm Poron\* to:  Mets  Sulcus  Full

**TOP COVER CHOICES**

Diabetic  Mets  Sulcus  Full  
 Spenco\*  Mets  Sulcus  Full  
 Bamboo Neolon  Mets  Sulcus  Full  
 Memory Foam  Mets  Sulcus  Full  
 Leather  Mets  Sulcus  Full  
 Blue Cloud  Mets  Sulcus  Full  
 1.5mm  3mm  
 Vinyl  Mets  Sulcus  Full

### ADDITIONS & ACCOMMODATIONS

	Left	Right	Both	Additional Information
First Met Head Cutout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Standard <input type="checkbox"/> J-Shaped
Dancer Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Met Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Met Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Neuroma Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interspace _____
Scaphoid Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm <input type="checkbox"/> 6mm
Morton's Extensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> EVA <input type="checkbox"/> Shell Extension**
Reverse Morton's Extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heel Cushions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm
Heel Spur Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> U-Pad <input type="checkbox"/> Cutout
Heel Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.5mm <input type="checkbox"/> 3mm <input type="checkbox"/> 6mm <input type="checkbox"/> 12mm
Reinforce Arch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medial Wedge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3mm <input type="checkbox"/> 4.5mm <input type="checkbox"/> 6mm
Lateral Wedge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3mm <input type="checkbox"/> 4.5mm <input type="checkbox"/> 6mm

Accommodate for lesions as marked on cast:



Right  Left

Plantar View

### DIAGNOSIS / SPECIAL INSTRUCTIONS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tracing Enclosed  
 Shoes Enclosed