



Essentials

OrderForm

Experience the SOLO advantage

415 South Laurel Street, Kutztown, PA 19530 800-765-6522 Fax 610-683-6427 www.sololabs.com

24 HOUR IN HOUSE RUSH CHARGE - \$40.00

CHOOSE SHIPPING METHOD Ground (No Charge) 2nd Day (Extra charge) Overnight (Extra charge)

Please apply barcode label here.

P.O.#

Patient First Name:

Patient Last Name:

Gender: Age: Weight:

Shoe Size: ** (required) Shoe Style: Insoles Enclosed

PLEASE SEND SOLO Boxes UPS Boxes US Mail Labels UPS Labels Order Forms Repair Forms Barcoded Address Labels other

Shipping Address If other than billing address:

City: State: Zip:

PAYMENT METHOD Check Enclosed CK# \$

MC Visa AMEX Credit Card on File Bill my SOLO Account

Card #

Name on Card: Exp. Date:

Billing Address:

City: State: Zip:

DEVICE

1/8" 4mm Polypropylene Shell

ADDITIONS

Heel Pad Padded Heel Horseshoe Pad L R
Met Pad L R
Scaphoid Pad L R

PLATE SPECIFICATIONS

Heel Cup 12 mm*
Device Width Bisect 1st Narrow Cut

TOP COVERS

Leatherette* - No Padding
 1/8" Padded Top Cover - On Device Only
 1/8" Padded Top Cover - To Sulcus
 1/8" Padded Top Cover - To Toes

POSTING

FOREFOOT Intrinsic To Casts* Runner's Wedge <input type="checkbox"/> L <input type="checkbox"/> R Heel Lift <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/4"	REARFOOT <input type="checkbox"/> Low Profile <input type="checkbox"/> Intrinsic* <input type="checkbox"/> Extrinsic <input type="checkbox"/> No Post <input type="checkbox"/> To Vertical L <input type="checkbox"/> varus <input type="checkbox"/> valgus R <input type="checkbox"/> varus <input type="checkbox"/> valgus
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ADDITIONAL PAIR(S)

Exact Duplicate(s) Quantity _____
 Other Style(s) Quantity _____
Please include a completed order form for each "Other Style" device ordered.

PREVIOUS ORDER

Order # _____ Date: _____

Notes: _____

NOTE: Lab standards will apply when order form is incomplete. Standards are designated by Bold*

Limited Options are available as listed on order form. SOLOEssentials are a custom orthotic, molded to a corrected cast.

** If shoe size is not supplied, any/all repair charges if needed will be applied.

Physician's Signature required _____ Date _____

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