PRESCRIPTION ORTHOSES REPAIR FORM

Acct #			
Name			
Address	Date: /	/	
Phone/Fax	PO#:		L R ONLY OE
	PO#:		OL
PATIENT INFO Please Print (all patient	info is required) ORDER OPTIONS	(Additional Charges May Apply)	NOTES
First Name: Last Name:	Fabricate 1 PAIR (FOR 2 DIFFERENT PAIRS - Plea	· · · · · · · · · · · · · · · · · · ·	
			Pa
D.O.B.:/ Weight:			
Shoe Size: Shoe Style:	Product Covered by Safe & Sound V		(/
Width: Narrow Medium Wide	RUSH Order (\$35)	to Patient (Additional \$3 Shipping ndicate address in Patient Info)	//
		ational Shipping vill apply if shipped outside of USA)	
Shoes Provided: Yes No	(Charges)	will apply it shipped outside of USA)	LEFT
	HEATING		
REPAIR INSTRUCTIONS	INSTRUCTIONS	GRINDING INS	TRUCTIONS
		LR	
RECOVER AS IS	I IOWER ARCH 1/8 "		ARROW SHELL
	(If more than 1/8" is needed, a remarke is necessary.)	1/8" 3/16" 1/4"	FF HEEL ARCH ENTIRE DEVICE
	(If more than 1/8" is needed, add arch raise (Pad).)	LENGTHEN SHELL	1/8" 3/16" 1/4"
On full-length bottom covers, complete refurbishment is necessary. Refer to "Repairs & Adjustments" section on reverse for policies.			
		-	
TOP COVER			1/8" 3/16" 1/4"
& EXTENSIONS	POSTING OPTIONS	ADD 1 ST RAY CUTOUT	REMOVE DEEP HEEL CUP
TOP COVER LAYER	FOREFOOT POSTING	ADD PUMP GRIND	REMOVE SHAFFER MEDIAL
Personalized Top Cover Plastazote	Omit FF posting		
EVA Genuine Leather			
Naugahyde NeoStride		ACCESSORIES & SH	ELL MODIFICATIONS
NeoSilver/Bamboo	According to cast		
TOP COVER LENGTH	According to measurements		
Cover to End of Toes Cover to Sulcus	L Varus Valgus	ARCH FILL Prolite STD Korex	MET PAD #22(S) #40(M) #351(Lg)
Cover Orthoses Only	R Varus Valgus		Bevel to 1/8" thickness
	REARFOOT POSTING	Standard 1/8″	
Prolite 1/8" Prolite 1/16"	Omit RF posting	COLUMN PAD	Standard End of toes
□ PPT 1/8″ □ PPT 1/16″	Intrinsic Extrinsic	Laterd Medial	NEUROMA PAD(as marked)
EXTENSION MATERIAL LENGTH	0°inverted/0°motion	RF Post Only	
Forefoot Blend to End of Toes	4°inverted/4°motion		TOE FILLER (as marked)
Forefoot Blend to Sulcus	According to measurements	DANCER'S PAD Standard As Marked	(for best results, provide shoe) 5TH RAY CUTOUT
Cover Orthoses to End of Toes	L Varus Valgus		
Cover Orthoses to Sulcus	R Varus Valgus	Standard As Marked	Medial Lateral
Cover Orthoses Only	ARCH HEIGHT	Horseshoe C. Pocket	
POCKETING	No Plaster Medial Wash		In-toe Out-toe
As Marked on Cast		1/16" 1/8" 3/16" 1/4"	GENTAL HEEL INSERT
See Plantar-View Markings			INTRINSIC ACCOM. (must be marked)
	Narrow Normal Wide		

ADDITIONAL NOTES

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PRESCRIPTION ORTHOSES PRODUCT STANDARDS

If order form is not filled out in its entirety. PAL lab standards listed below will apply.

SPORT ORTHOSES

Top Cover - Black Naugahyde Heel Cup Depth: 10mm Forefoot Width: Normal Forefoot Posting: According to cast Rearfoot Posting: Extrinsic 4° Inverted / 4° Motion

System 3.0 Sport 2.6mm Procarbolene

ProTech 1/8" Polypropylene

Marathotic 5.0mm Polyethylene

Advantage+ 1/8" Polypropylene

Leisure ORTHOSES

Top Cover: Light Blue Naugahyde Forefoot Width: Normal Forefoot Posting: According to cast Rearfoot Posting: Extrinsic 4° Inverted / 4° Motion

Pedestrian

3.0mm Polyethylene Heel Cup Depth: 10mm Arch Fill: 1/4" SBR Extension: Covered to End of Toes with 1/16" SBR Bottom Cover: 1/16" Prolite Unavailable: Intrinsic Rearfoot Posting

Enhanced Fit

1/8" Polypropylene Heel Cup Depth: 12mm Extension: Covered to End of Toes with 1/8"PPT Bottom Cover: Silon

DRESS ORTHOSES

Top Cover: Navy Naugahyde Forefoot Posting: According to cast

System 3.0 Women's Flat/Pump

2.6mm Procarbolene Heel Cup Depth: 10mm Forefoot Width: Narrow Rearfoot Posting: Intrinsic 4° Inverted / 4° Motion

System 3.0 Women's High Heel

2.6mm Procarbolene Heel Cup Depth: Flat/Cup Forefoot Width: Narrow Extension: Forefoot Blend to Sulcus with 1/16" Prolite

System 3.0 Men's Dress

2.6mm Procarbolene Heel Cup Depth: 10mm Forefoot Width: Narrow Rearfoot Posting: Intrinsic 4° Inverted / 4° Motion

Steppin' Out

1/8" Polypropylene Heel Cup Depth: 10mm Forefoot Width: Narrow Rearfoot Posting: Intrinsic 4° Inverted / 4° Motion

Advantage+ Dress

1/8" Polypropylene Heel Cup Depth: 10mm Forefoot Width: Normal Rearfoot Posting: Intrinsic 4° Inverted / 4° Motion



Roberts Whitman

5.0 mm Polyethylene Heel Cup Depth: 15 mm Top Cover: None Forefoot Width: Normal Forefoot Posting: According to Cast Rearfoot Posting: Extrinsic 4° Inverted/4° Motion Lateral Clip & Standard Shaffer

Heel Stabilizers

5.0 mm Polyethylene Heel Cup Depth: 22:30 mm Top cover: None Forefoot Width: Normal Forefoot Posting: According to Cast Rearfoot Posting: Extrinsic 4° Inverted/4° Motion

A: Lateral flange extends to cuboid

B: Lateral flange extends to 5th met base

- C: Anterior end extends to all met heads
- D: Lateral flange extends to sulcus, medial extends to talonavicular joint
- E: Lateral flange extends to cuboid, medial extends to sulcus

PRESCRIPTION ORTHOSES ORDERING INFORMATION & POLICIES

Pricing & Payments

- Pricing must be finalized with your PAL practice consultants.
- Full payment is due the last day of next month from ship date.
- · Delinquent accounts will endure service suspension until payment is received.

Adjustments, Repairs, & Remakes

 Prescription orthoses have a three (3) month warranty from the original ship date for free adjustments and repairs.

This three (3) month adjustment/repair period is null and void if the orthoses shell material has been ground, or cut/sawed, or if the soft materials have been exposed to water or other damaging substances other than natural perspiration from wear. Refurbishments will be warranted for three months past their shipping date unless remaining original warranty is longer.

- Any shell modifications and/or accommodations added to the original order will be subject to material and labor charges.
- · Changing product type from the original order will result in a full charge.
- · PAL reserves the right to limit the adjustments made available on competitor devices.
- Should patient switch shoe type, PAL reserves the right to limit adjustments on orthoses that were made to fit original shoe.
- $\cdot\,$ PAL must have original orthoses in house before determining whether orthoses requires remake.

Returns & Canceled Orders

- · All prescription orthoses offered on this order form are not eligible for a refund on returns.
- Canceled orders that have started the production process may be charged a percentage of the total invoice amount.

Warranties

- Prescription orthoses have a three (3) month (three months for Advantage+ products) warranty from the <u>original ship date</u> for workmanship and product defects.
- All prescription orthoses, excluding TL products, have a lifetime warranty against shell breakage. TL products have a one year warranty against shell breakage.
- · Competitor shells and workmanship and defects are not covered under any warranty.
- All prescription orthoses have an extended Safe & Sound Warranty available for purchase. The Safe & Sound Warranty protects against damage and loss for a two-year period from the <u>original ship date</u>. The Safe & Sound Warranty is highly recommended due to protection against outgrowth for patients 18 years of age and under.
- Any new shell modifications and/or accommodations added to the original order will be subject to material and labor charges.
- All warranties are null and void if the orthoses shell material has been ground or cut/sawn; or if the soft materials have been exposed to water or other damaging substances other than natural perspiration from wear.

Accepted Impression Methods

- Plaster casts/splints · STS socks · Xtremity3D Digital Scans
 Foam box impressions · XtremityOne Digital Scans
- Cast Storage
- Orthoses casts are stored electronically
- · Additional charges apply to return negative casts
- · Request to return negative casts must be made at time of initial order