



Drew Order Form – 2011 – Men’s

Account Name: _____	Account #: _____	Date: _____
Phone Number: _____	Fax Number: _____	

For full line of Drew products please see our website at www.comfortfitlabs.com

*Indicates shoes priced higher

<u>Men’s Styles</u> <i>Last Recommendations for Foot Problems on our Website</i>	<u>Men’s Styles</u> <i>Last Recommendations for Foot Problems on our Website</i>
<u>Franklin</u>* – (Velcro) Black Tumbled Leather, Brown Tumbled Leather M(D) 8-12, 13,14,15 W(EE) 8-13, 14, 15 XW(4E) 7-12, 13,14 6E 7-12, 13 <i>Last 490</i>	<u>Navigator II</u> – (Velcro) Black Leather, Clay Leather, Brown Leather M(B) 8-12,13,14 W(EE) 7-12,13,14 XW(4E) 7-12,13 <i>Last 66</i>
<u>Lincoln</u>* – (Lace) Black Tumbled Leather, Brown Tumbled Leather N(B) 9-12, 13 M(D) 8-12, 13,14,15 W(EE) 8-13, 14, 15 XW(4E) 7-12, 13,14 6E 7-12, 13 <i>Last 490</i>	<u>Jeremy</u> – (Lace) White/Grey, White/Blue, Black/Silver, Black/Silver Leather, White/Silver Leather N(B) 9-13,14 M(D) 7-13,14 W(EE) 7-13,14 XW (EE) 7-13,14 6E 7-13,14,15 <i>Athletic Last</i>
<u>Atlas</u> - (Lace) Black Leather, Black Leather/Mesh, White Leather, White Leather/Mesh, Grey Suede/Mesh N (B) 9-13,14 M (D) 7-13,14 W (EE) 7-13,14 XW (4E) 7-13,14 6E 7-13,14 <i>Athletic Last</i>	<u>Arlington</u> – (Lace) Black Smooth Leather, Antique Brown Leather N(B) 9-14 M(D) 8-14 W (EE) 8-14 XW (4E) 7-14 6E 7-14 <i>Last 466</i>
<u>Springfield</u> – (Velcro) Black Smooth Leather, Brown Smooth Leather <i>Last 466</i> M(D) 8-14 W(EE) 8-14 XW (4E) 8-14 6E 8-14	<u>Whitehall</u> – (Velcro) Black Tumbled Leather M(D) 8-14 W(EE) 8-14 XW (4E) 7-14 6E 7-14 <i>Last 466</i>
<u>Traveler</u>* –(Lace) & <u>Traveler V</u> (Velcro) Black Calf, Cognac Nubuck M(D) 8-12,13,14,15 W(EE) 8-12,13,14,15 XW(4E) 7-12, 13,14 6E 7-12,13 <i>Last 66</i>	<u>Josh</u> –(Velcro) White/Blue, Black/Silver Leather, White/Silver Leather N(B) 9-13,14 M(D) 7-13,14,15 W (EE) 7-13,14,15 XW (4E) 7-13,14,15 6E 7-13,14,15 <i>Athletic Last</i>

Patient Name: _____

Male

Style Name: _____ Style Number: _____ Color: _____

Size: Length: _____ Width: _____

*we will accept orders for additional A5500 styles shown on our website and not listed on this sheet – put style information in above space

- Drew Shoe Only
- Package for Medicare Therapeutic Shoe Bill with 3 pairs of multi-density, heat molded diabetic inserts
- Package for Medicare Therapeutic Shoe Bill 3 pairs of custom diabetic orthotics

Shipping applies to all orders

(Check your selections from above and total)

Total: _____

DS0006-11C

ComfortFit Orthotic Labs
246 Columbus Avenue
Roselle, NJ 07203

888.523.1600
908.259.9105 fax

Any returns must be received in our lab within 2 weeks of your receipt for credit. Please note that shoes/insoles cannot be worn and the box must be intact with no writing on it. A \$10.00 restocking fee will be charged for each return or \$26 if the shoes are worn, the carton is marred or components are missing. Please call for a return authorization number.