



InStride Order Form – 2010/2011

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

Women's Styles	Men's Styles
Nellie II: 10700 (Black Leather), 10710 (Black Lycra), 10703 (Bone Leather), (10714) Saddle Brown Leather	Monterey: 30011 (White Lace), 30111 (White Velcro), 30012 (Black Lace), 30112 (Black Velcro)
Sanibel II: 2400 (Black Leather Lace), 2415 (Bone Leather Lace), 2410 (Black Velcro)	Durango: 96610 (Black Strap), 96614 (Brown Strap)
Malibu: 9200 (Black Lace), 9202 (White Lace), 9203 (Bone Lace)	Rambler: 840 (Black Lace), 844 (Brown Lace)
Newport: 9000 (Black Lace), 9002 (White Lace), 9010 (Black Velcro), 9012 (White Velcro)	Newport: 6000 (Black Lace), 6002 (White Lace), 6010 (Black Velcro), 6012 (White Velcro)
Soft Step: 1003 (Black Lycra/Leather Velcro), 1004 (Black Lycra/Leather Lace) Unisex Style	Cascade: 38604 (Brown Leather Boot – mid)
Monterey: 40022 (Black Lace), 40122 (Black Velcro), 40021 (White/Blue Lace), 40121 (White/Blue Velcro), 40023 Sport White Lace, 40123 (Sport White Velcro)	SoftStep: 1003 (Black Lycra/Leather Velcro), 1004 (Black Lycra/Leather Lace) Unisex Style
Venice: 9410 (Black Leather Velcro), 9416 (Brown Nubuck Velcro), 9413 (Bone Leather Velcro)	La Jolla: 8010 (Men's Black Velcro), 7010 (Women's Black Velcro) Unisex Style
Nellie III: 10716 (Brown Leather Velcro), 10726 (Brown Lycra), 10720 (Black Leather Velcro)	Dakota: 96111 (Off White Leather Lace), 96604 (Brown Leather Lace), 96600 (Black Leather Lace)

Patient Name: _____ Male Female
Style Name: _____ **Style Number:** _____
Size: _____ **Width:** _____

If a style is not listed on THIS order form then it is NOT available

Options

- Shoe Only
 - Package for Medicare Therapeutic Shoe Bill
3 pairs of multi-density, heat-moldable diabetic inserts (shoes not included)
 - Package for Medicare Therapeutic Shoe Bill with
3 pairs of custom diabetic inserts (shoes not included)
- (Check your selections from above and total)* →

Pricing

- InStride diabetic shoe
- Multi-density diabetic insert package
- Custom diabetic orthotic package
- Freight (applies to all orders)

Total: \$ _____
(Total your selections from the left)

ComfortFit Orthotic Labs
 246 Columbus Avenue
 Roselle, NJ 07203
 1.888.523.1600
 1.908.259.9105



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 \$26.00 restocking fee will be charged for each return.

DS003-10