



REPAIR/REFURBISHMENT FORM

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Office Use
 Date: _____
 Acct#: _____
 Order#: _____

Account Name: _____ Tel # _____
 Address: _____

Patient Name _____ Age: _____ Sex: _____ Weight: _____
 Shoe Size: _____ Shoe Type: _____ Activity: _____
 Ship directly to patient's address: _____

FOR STANDARD RECONDITIONING PLEASE CHECK BELOW

- BASIC REFURBISHMENT**
Replacement of top cover materials and all accommodative padding
- COMPLETE REFURBISHMENT**
Replacement of all posting and filler materials as well as all top cover materials and accommodative padding

FOR FURTHER MODIFICATIONS PLEASE CHECK BELOW

	<u>RIGHT</u>	<u>LEFT</u>	<u>BOTH</u>	<u>Specify amount of correction</u>
<input type="checkbox"/> REDUCE BULK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> NARROW DEVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> LOWER ARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> RAISE ARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

*TO ENSURE A PROPER SHOE FIT, SEND PATIENTS SHOES OR TRACING OF INLAY

TOP COVERS AND PADDINGS

	<u>RIGHT</u>	<u>LEFT</u>	<u>BOTH</u>		<u>METS</u>	<u>SULCUS</u>	<u>FULL</u>
<input type="checkbox"/> DIABETIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LEATHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SPENCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> VINYL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1/16" PORON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OVERSHELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1/8" PORON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OVERSHELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HEEL SPUR PADS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> U-Pad	<input type="checkbox"/> Heel Pads _____"	
<input type="checkbox"/> MET PADS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Low	<input type="checkbox"/> High	
<input type="checkbox"/> REINFORCE ARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> EVA	<input type="checkbox"/> Poron	
<input type="checkbox"/> SCAPHOID PADS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

*TO ENSURE EXACT SIZING, PLEASE ENCLOSE A TRACING OF THE PATIENT'S SHOE INLAY

POSTING INSTRUCTIONS

REARFOOT: POSTING

<input type="checkbox"/> REANGLE	<input type="checkbox"/> LEFT	<input type="checkbox"/> VARUS _____
<input type="checkbox"/> RE-POST	<input type="checkbox"/> RIGHT	<input type="checkbox"/> VALGUS _____
<input type="checkbox"/> REMOVE	<input type="checkbox"/> BOTH	
<input type="checkbox"/> ADD		

FOREFOOT: POSTING

<input type="checkbox"/> REANGLE	<input type="checkbox"/> LEFT	<input type="checkbox"/> VARUS _____
<input type="checkbox"/> RE-POST	<input type="checkbox"/> RIGHT	<input type="checkbox"/> VALGUS _____
<input type="checkbox"/> REMOVE	<input type="checkbox"/> BOTH	
<input type="checkbox"/> ADD		

* HAVE YOU TRIED TEMPORARY POSTING IN YOUR OFFICE?

ACCOMMODATE/BALANCE



RIGHT LEFT

OTHER INSTRUCTIONS: _____

