Simple ORTHOTICS INC.

Repair Order Form

9960 INDIANA AVE., SUITE #15 RIVERSIDE, CA 92503

TEL (951) 353-8127 FAX (951) 353-8107

Account Information:	Patient Information:
Account Name:_____	Name:_____
Address:_____	Address:_____
City:_____ State:_____ Zip:_____	City:_____ State:_____ Zip:_____
Phone:_____ Fax:_____	Sex:___ Weight: _____ Shoe Size: _____

☐ Custom Copy ☐ Mail to Patient ☐ 1 Day Rush $45 ☐ 2 Day Rush $35 ☐ 3 Day Rush $25

☐ Standard Repair	☐ Complete Repair	☐ Full Refurbish
Replacement: Top Covers/ Extensions	Replacement: Bottom/ Top Covers/ Accommodations	Replacement: All Material (excluding orthotic shell)

Posting

Rear foot

R	L
_____ Varus	_____Valgus
_____ Varu	_____Valgus

Fore foot

R	L
_____ Varus	_____ Varus
_____Valgus	_____Valgus

Special Comments:

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