



Repair Order Form

9960 Indiana Ave. Ste. #15 Riverside, CA 92503

951.353.8127 951.353.8107 Fax

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

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


<input type="checkbox"/> Standard Repair Replacement: Top Covers/ Extensions	<input type="checkbox"/> Complete Repair Replacement: Bottom/ Top Covers/ Accommodations	<input type="checkbox"/> Full Refurbish Replacement: All Material (excluding orthotic shell)
---	---	---

Posting

Rear foot	
R	L
_____ Varus	_____ Varus
_____ Valgus	_____ Valgus

Fore foot	
R	L
_____ Varus	_____ Varus
_____ Valgus	_____ Valgus

Special Comments:



RIGHT LEFT

BALANCE LESIONS AS MARKED ON DIAGRAM
PLEASE MARK FOR PROPER PLACEMENT OF
ACCOMMODATIONS.