

Print Your Account Information Below

ACCOUNT INFO

Acct # \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone/Fax \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PO#: \_\_\_\_\_

**LAB USE ONLY** ☐ PPD ☐ BF  
 L \_\_\_\_\_ R \_\_\_\_\_ ONLY \_\_\_\_\_  
 OE \_\_\_\_\_

### PATIENT INFO

Please Print (all patient info is required)

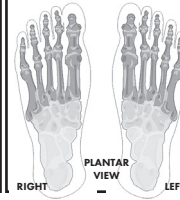
### ORDER OPTIONS

(Additional Charges May Apply)

### NOTES

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight: \_\_\_\_\_ ☐ M ☐ F  
 Shoe Size: \_\_\_\_\_ Shoe Style: \_\_\_\_\_  
 Width: ☐ Narrow ☐ Medium ☐ Wide  
 Shoes Provided: ☐ Yes ☐ No

☐ RUSH Order (\$35) ☐ Ship to Patient  
☐ Ship Overnight (\$35) ☐ International Shipping  
(Additional \$3 Shipping Charge - Indicate address in Patient Info)  
(Charges will apply if shipped outside of USA)



\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## STEP ONE / PRODUCT SELECTION

☐  
**XFIT STANDARD - 200 lbs**

☐ ONE PAIR  
☐ TWO PAIRS  
☐ THREE PAIRS



☐  
**XFIT PLUS 55 - 200+ lbs**

☐ ONE PAIR  
☐ TWO PAIRS  
☐ THREE PAIRS  
☐ ONE LAYER OF PLASTAZOTE  
☐ TWO LAYERS OF PLASTAZOTE



☐  
**XFIT DIASYSTEMS PLUS - 200+ lbs**

☐ ONE PAIR  
☐ TWO PAIRS  
☐ THREE PAIRS



## STEP TWO / OPTIONS

L R

☐ ☐

**METATARSAL PAD**

☐ ☐

**TOE PROSTHESIS**  
 (Shoe Recommended For Best Fit)

☐ ☐

**TRANSMET PROSTHESIS**  
 (Shoe Recommended For Best Fit)

☐ ☐

**POCKETING/OFFLOAD**  
☐ Marked on cast or scan  
☐ Horseshoe heel pocket

☐ ☐

**DEEP HEEL CUP**

## STEP THREE / ADJUSTMENTS

### GRINDING LENGTH

Shorten Length By:

☐ 1/8" ☐ 3/16" ☐ 1/4"

### GRINDING WIDTH

Narrow Shell By:

☐ 1/8" ☐ 3/16" ☐ 1/4"

☐ Extension Only  
☐ Heel Width  
☐ Forefoot Width  
☐ Entire Device

## DO NOT WRITE ON THIS SIDE OF DIABETIC ORDER FORM

Our order forms are read electronically by a scanning system; anything written on this side will not be seen.

### DIABETIC FOOT ORTHOSES & ADJUSTMENTS

#### Ordering Information

Call PAL to request product literature and a shipping kit. We'll include order forms, boxes and preprinted labels—everything you need to begin ordering! For easiest ordering use XtremityOne scanning system. XtremityOne allows healthcare professionals to quickly and easily scan patients, maintain patient data and order orthoses, diabetic products, shoes and inserts, as well as materials for patient education. For more information visit [XtremityOne.com](http://XtremityOne.com).

#### Biomechanical Consultations

PAL Customer Service: 800.223.2957

#### Shipping to PAL

- Contact PAL for preprinted return labels.
- Additional fees may be charged for alternate shipping requests.

#### Returns & Cancelled Orders

- All custom orthoses offered on this order form are not eligible for a refund on returns.
- Cancelled orders that have started the production process may be charged a percentage of the total invoice amount.

#### Cast Storage

Casting received for all diabetic orders are stored electronically. Ordering of other PAL product would require new castings.

For easiest ordering, use XtremityOne scanning system. XtremityOne allows healthcare professionals to quickly and easily scan patients, maintain patient data and order orthoses, diabetic products, shoes and inserts, as well as materials for patient educations. For more information visit [XtremityOne.com](http://XtremityOne.com).

#### Terms

Full payment is due on the 15th of the following month. Service will be suspended for delinquent accounts until the past due amount is paid.

#### Professional Courtesy

As a one time only benefit to new clients, PAL provides a free pair of orthoses to the prescriber who orders and pays for a total of five pairs of orthoses. Immediate family and office staff is entitled to a 25% discount after the above criteria has been met.

### For questions, call: 800.223.2957

#### Warranty

For DIABETIC products, workmanship and defects in material are guaranteed for three (3) months from original ship date.

#### Adjustments

All grinding adjustments will be at no charge within the Warranty period. PAL reserves the right to limit the adjustments available on DIABETIC devices.

#### Returns

All orthoses are fabricated to a prescription and cannot be returned for credit; however, PAL will advise you on specific adjustments.

#### Supply Requests

To request additional supplies, including order forms, please call 800.223.2957 or visit our website: [www.palhealth.com](http://www.palhealth.com).