

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)

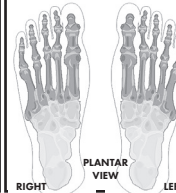
### ORDER OPTIONS

(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

Fabricate 1 PAIR (FOR 2 DIFFERENT PAIRS - Please complete two separate order forms)  
 Fabricate 2 IDENTICAL PAIRS  
 Ship to Patient (Additional \$6.50 Shipping Charge - Indicate Address in Patient Info)  
 RUSH Order (\$47)     International Shipping  
 Ship Overnight (\$50)    (Charges will apply if shipped outside of USA)



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

### REPAIR INSTRUCTIONS

RECOVER AS IS  
 RECOVER AS IS WITH CHANGES  
 COMPLETE REFURBISHMENT

On full-length bottom covers, complete refurbishment is necessary. Refer to "Repairs & Adjustments" section on reverse for policies.

### HEATING INSTRUCTIONS

**L R**  
  LOWER ARCH 1/8"  
 (If more than 1/8" is needed, a remake is necessary.)  
  RAISE ARCH 1/8"  
 (If more than 1/8" is needed, add arch raise (Part).)

### GRINDING INSTRUCTIONS

**L R**    **L R**  
  SHORTEN SHELL      NARROW SHELL  
 1/8"     3/16"     1/4"     FF     HEEL     ARCH     ENTIRE DEVICE  
  LENGTHEN SHELL     1/8"     3/16"     1/4"  
  WIDEN SHELL  
 FF     HEEL     ARCH     ENTIRE DEVICE  
 1/8"     3/16"     1/4"

ADD 1ST RAY CUTOUT     REMOVE DEEP HEEL CUP  
 ADD PUMP GRIND     REMOVE SHAFFER MEDIAL

### TOP COVER & EXTENSIONS

**TOP COVER LAYER**  
 Plastazote  
 EVA     Genuine Leather  
 Naugahyde     NeoStride  
 Microfiber

**TOP COVER LENGTH**  
 Cover to End of Toes     Cover to Sulcus  
 Cover Orthoses Only

**EXTENSION MATERIAL**  
 PPT 1/8"     PPT 1/16"

**EXTENSION MATERIAL LENGTH**  
 Forefoot Blend to End of Toes  
 Forefoot Blend to Sulcus  
 Cover Orthoses to End of Toes  
 Cover Orthoses to Sulcus  
 Cover Orthoses Only

**POCKETING**  
 As Marked on Cast  
 See Plantar-View Markings

### POSTING OPTIONS

**FOREFOOT POSTING**  
 Omit FF posting  
 Intrinsic     Extrinsic  
 According to cast  
 According to measurements  
 L \_\_\_\_\_     Varus     Valgus  
 R \_\_\_\_\_     Varus     Valgus

**REARFOOT POSTING**  
 Omit RF posting  
 Intrinsic     Extrinsic  
 0° inverted/0° motion  
 4° inverted/4° motion  
 According to measurements  
 L \_\_\_\_\_     Varus     Valgus  
 R \_\_\_\_\_     Varus     Valgus

**ARCH HEIGHT**  
 No Plaster     Medial Wash  
 1+     2     3

**FOREFOOT WIDTH**  
 Narrow     Normal     Wide

### ACCESSORIES & SHELL MODIFICATIONS

**L R**    **L R**  
  ARCH FILL      MET PAD  
 Prolite STD     Korex     #22(S)     #40(M)     #351(Lg)  
  ARCH RAISE (pad)     Bevel to 1/8" thickness  
 Standard     1/8"  
  COLUMN PAD      MORTON'S EXTENSION (korex)  
 Laterd     Medial     Standard     End of toes  
 RF Post Only  
  CUBOID PAD      NEUROMA PAD (as marked)  
 Standard     As Marked  
  DANCER'S PAD      TOE CREST  
 Standard     As Marked    (for best results, provide shoe)  
 Horseshoe     C. Pocket  
  HEEL CUSHION      5TH RAY CUTOUT  
 Standard     As Marked  
  HEEL LIFT      FLANGE  
 1/16"     1/8"     Medial     Lateral  
 3/16"     1/4"  
  MEDIAL FLAP      GAIT PLATE  
  MET BAR     In-toe     Out-toe  
  GENTAL HEEL INSERT  
  INTRINSIC ACCOM. (must be marked)  
  LATERAL CLIP  
  MEDIAL KIRBY 3<sup>MM</sup> SKIVE

### ADDITIONAL NOTES

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

# PRESCRIPTION ORTHOSES PRODUCT STANDARDS

If order form is not filled out in its entirety, PAL lab standards listed below will apply.

## SPORT ORTHOSES

Top Cover - Black Naugahyde  
Heel Cup Depth: 10mm  
Forefoot Width: Normal  
Forefoot Posting: According to cast  
Rearfoot Posting: Extrinsic  
4° Inverted / 4° Motion

**System 3.0 Sport**  
2.6mm Procarbolene

**ProTech**  
1/8" Polypropylene

**Marathotic**  
5.0mm Polyethylene

**Advantage+**  
1/8" Polypropylene

## Leisure ORTHOSES

Top Cover: Light Blue Naugahyde  
Forefoot Width: Normal  
Forefoot Posting: According to cast  
Rearfoot Posting: Extrinsic  
4° Inverted / 4° Motion

**Pedestrian**  
3.0mm Polyethylene  
Heel Cup Depth: 10mm  
Arch Fill: 1/4" SBR  
Extension: Covered to End of Toes with 1/16" SBR  
Bottom Cover: 1/16" Prolite  
Unavailable: Intrinsic Rearfoot Posting

**Enhanced Fit**  
1/8" Polypropylene  
Heel Cup Depth: 12mm  
Extension: Covered to End of Toes with 1/8" PPT  
Bottom Cover: Silon

## DRESS ORTHOSES

Top Cover: Navy Naugahyde  
Forefoot Posting: According to cast

**System 3.0 Women's Flat/Pump**  
2.6mm Procarbolene  
Heel Cup Depth: 10mm  
Forefoot Width: Narrow  
Rearfoot Posting: Intrinsic  
4° Inverted / 4° Motion

**System 3.0 Women's High Heel**  
2.6mm Procarbolene  
Heel Cup Depth: Flat/Cup  
Forefoot Width: Narrow  
Extension: Forefoot Blend to Sulcus with 1/16" Prolite

**System 3.0 Men's Dress**  
2.6mm Procarbolene  
Heel Cup Depth: 10mm  
Forefoot Width: Narrow  
Rearfoot Posting: Intrinsic  
4° Inverted / 4° Motion

**Steppin' Out**  
1/8" Polypropylene  
Heel Cup Depth: 10mm  
Forefoot Width: Narrow  
Rearfoot Posting: Intrinsic  
4° Inverted / 4° Motion

**Advantage+ Dress**  
1/8" Polypropylene  
Heel Cup Depth: 10mm  
Forefoot Width: Normal  
Rearfoot Posting: Intrinsic  
4° Inverted / 4° Motion



**Roberts Whitman**  
5.0 mm Polyethylene  
Heel Cup Depth: 15 mm  
Top Cover: None  
Forefoot Width: Normal  
Forefoot Posting: According to Cast  
Rearfoot Posting: Extrinsic  
4° Inverted/4° Motion  
Lateral Clip & Standard Shaffer

**Heel Stabilizers**  
5.0 mm Polyethylene  
Heel Cup Depth: 22-30 mm  
Top cover: None  
Forefoot Width: Normal  
Forefoot Posting: According to Cast  
Rearfoot Posting: Extrinsic  
4° Inverted/4° Motion

A: Lateral flange extends to cuboid

B: Lateral flange extends to 5th met base

C: Anterior end extends to all met heads

D: Lateral flange extends to sulcus, medial extends to talonavicular joint

E: Lateral flange extends to cuboid, medial extends to sulcus

# PRESCRIPTION ORTHOSES ORDERING INFORMATION & POLICIES

### Pricing & Payments

- Pricing must be finalized with your PAL practice consultants.
- Full payment is due the last day of next month from ship date.
- Delinquent accounts will endure service suspension until payment is received.

### Adjustments, Repairs, & Remakes

- Prescription orthoses have a three (3) month warranty from the original ship date for free adjustments and repairs.  
This three (3) month adjustment/repair period is null and void if the orthoses shell material has been ground, or cut/sawed, or if the soft materials have been exposed to water or other damaging substances other than natural perspiration from wear. Refurbishments will be warranted for three months past their shipping date unless remaining original warranty is longer.
- Any shell modifications and/or accommodations added to the original order will be subject to material and labor charges.
- Changing product type from the original order will result in a full charge.
- PAL reserves the right to limit the adjustments made available on competitor devices.
- Should patient switch shoe type, PAL reserves the right to limit adjustments on orthoses that were made to fit original shoe.
- PAL must have original orthoses in house before determining whether orthoses requires remake.

### Returns & Canceled Orders

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

### Warranties

- Prescription orthoses have a three (3) month (three months for Advantage+ products) warranty from the original ship date for workmanship and product defects.
- All prescription orthoses, excluding TL products, have a lifetime warranty against shell breakage. TL products have a one year warranty against shell breakage.
- Competitor shells and workmanship and defects are not covered under any warranty.
- All prescription orthoses have an extended Safe & Sound Warranty available for purchase. The Safe & Sound Warranty protects against damage and loss for a two-year period from the original ship date. The Safe & Sound Warranty is highly recommended due to protection against outgrowth for patients 18 years of age and under.
- Any new shell modifications and/or accommodations added to the original order will be subject to material and labor charges.
- All warranties are null and void if the orthoses shell material has been ground or cut/sawed; or if the soft materials have been exposed to water or other damaging substances other than natural perspiration from wear.

### Accepted Impression Methods

- Plaster casts/splints
- STS socks
- Xtremity3D Digital Scans
- Foam box impressions
- XtremityOne Digital Scans

### Cast Storage

- Orthoses casts are stored electronically
- Additional charges apply to return negative casts
- Request to return negative casts must be made at time of initial order