و Acct #		ORDER FORM
Acct # Name Address Phone/Fax Phone/Fax	Date: _ / _ /	LAB USE ONLY □ PPD □ BF L R ONLY OE ONLY
PATIENT INFO First Name: D.O.B.: Shoe Size: Width: Narrow Medium Wide Shoes Provided: Please Print (all patient is provided) Weight: Weight: Width: No No	Product Covered by Safe & Sound Warranty RUSH Order (\$35) Ship to Patient (Additional S3 Shipping Grage - Indicate address in Patient Info) Ship Overnight (\$35) International Shipping (International Shipping Grapes and Address of Patient Info)	NOTES PLANTAR VIEW LEFT
SPORT ORTHOSES System 3.0 Procarbolene 2.2mm (Semi-Flexible) 175 lbs 2.6mm (Semi-Rigid) 220 lbs 3.0mm (Rigid) 220+ lbs ProTech Polypropylene 3.2mm (1/8") 175 lbs 4.7mm (3/16") 220+ lbs Marathotic Polyethylene 3.0mm up to 150 lbs 4.0mm up to 175 lbs 5.0mm 180+ lbs Advantage+ Polypropylene 3.2mm (1/8") 175 lbs 4.7mm (3/16") 220+ lbs	2.2mm (Semi-Flexible) 175 lbs 2.6mm (Semi-Rigid) 220 lbs 3.0mm (Rigid) 220+ lbs System 3.0 High Heel Procarbolene (select one) (select one) 3.2mm (1/8") 175 lbs Flat 4.7mm (3/16") 220+ lbs Cup	Pedestrian Polyethylene 3.0mm up to 185 lbs 4.0mm up to 225 lbs 5.0mm 220+ lbs Enhanced Fit Polypropylene 3.2mm (1/8") up to 175 lbs 4.7mm (3/16") 175+ lbs PAL'S kids Heel Stabilizers Polyethylene A 5.0mm 50+ lbs B 5.0mm 50+ lbs C 5.0mm (Similar to UCBL Device) 50+ lbs D 5.0mm 50+ lbs Roberts Whitman Polyethylene 5.0mm 50+ lbs
FOREFOOT POSTING Omit FF posting Intrinsic Extrinsic According to cast According to measurements L Varus Valgus REARFOOT POSTING Omit RF posting Intrinsic Extrinsic O°inverted/0° motion 4°inverted/4° motion According to measurements L Varus Valgus REARFOOT POSTING Omit RF posting Intrinsic Extrinsic Varus Valgus According to measurements L Varus Valgus R Varus Valgus R Varus Valgus R Varus Valgus R Varus Valgus ARCH HEIGHT No Plaster Medial Wash 1+ 2 3 FOREFOOT WIDTH Narrow Normal Wide	STEP THREE & MODIFICATIONS & ACCESSORIES L R	EVA



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

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/sawn; 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 · 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