

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)

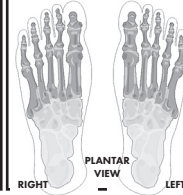
### ORDER OPTIONS

(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

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)  
 Ship Overnight (\$50)     International Shipping  
(Charges will apply if shipped outside of USA)



Notes section with horizontal lines for text entry.

L R

#### MET PAD

#22(S)     #40(M)  
 #351 (LG)  
 BEVEL TO 1/8" THICKNESS

#### 1<sup>ST</sup> RAY CUTOUT

#### 5<sup>TH</sup> RAY CUTOUT

#### INTRINSIC ACCOM.



**MATERIAL:** 1/4" CORK, 60 DUROMETER

1/4" UCOLEN 60, SEMI-RIGID COPOLYMER BLEND

1/4" TRILAM MATERIAL, INCLUDES 1/8" BLACK EVA, 1/16" BLUE PORON, AND 1/16" BLUE SWIRL EVA

#### ADDITIONAL NOTES:

Large rectangular area with horizontal lines for additional notes.

# 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