

# O.C. Orthotic Lab Services, LLC.

"quality in stride"

2221 East Winston Road Suite Q • Anaheim • CA • 92806 • USA • 714.991.6252 • 714.991.6254 Fax

## REPAIR RX FORM

Practitioner's Name \_\_\_\_\_ Account No. \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Patients Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Tel \_\_\_\_\_

Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Shoe Size \_\_\_\_\_ Diagnosis \_\_\_\_\_

Credit Card \_\_\_\_\_ Exp. \_\_\_\_\_ CC Signature \_\_\_\_\_

- |  |                                      |  |   |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Amex                        | <input type="checkbox"/> Discover    | <input type="checkbox"/> Master Card               | <input type="checkbox"/> Visa           |
| <input type="checkbox"/> Return Cast                 | <input type="checkbox"/> Custom Copy | <input type="checkbox"/> Mail to Patient           | <input type="checkbox"/> Shoes Enclosed |
| <input type="checkbox"/> Extended Warranty No. _____ |                                      | <input type="checkbox"/> Make Another Pair # _____ |   |
| <input type="checkbox"/> Purchase Order No. _____    |                                      |  |   |
| Shipping Options                                     | <input type="checkbox"/> Ground      | <input type="checkbox"/> 2nd Day                   | <input type="checkbox"/> Over Night     |

## Repair Options

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Full Refurbishment<br>Replace all materials, except device shell | <input type="checkbox"/> Extended Repair<br>Replace top covers, accommodations & bottom covers | <input type="checkbox"/> Basic Repair<br>Replace top covers and extensions |
|---|--|--|

## Posting

Rear foot		Forefoot	
<u>Right</u> _____ ° Varus	<u>Left</u> _____ ° Varus	<u>Right</u> _____ ° Varus _____ ° Valgus	<u>Left</u> _____ ° Varus _____ ° Valgus

### Plantar View

Right Left

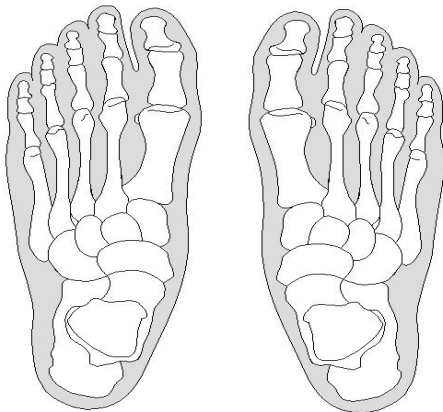


Diagram for Accommodation Placements

## Diagnosis & Special Instructions

Please have an Account Manager call me

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