



REPAIR WORK ORDER

Practitioner \_\_\_\_\_  
Office/Group Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/St/Prov \_\_\_\_\_  
Zip/Postal Code \_\_\_\_\_

Request Date \_\_\_\_\_  
Patient Name \_\_\_\_\_  
Patient ID \_\_\_\_\_  
Original Order # \_\_\_\_\_  
Repair   
Return Only  (Please call us first)

Please describe the problem the patient is experiencing:

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

Do as I instruct       I need a phone consultation       User your discretion

Instructions

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

SHELL MODIFICATIONS

Narrow device    \_\_\_mm  
Widen device    \_\_\_mm  
Raise Arch       \_\_\_mm  
Lower Arch       \_\_\_mm  
Shorten device   \_\_\_mm  
Lengthen device  \_\_\_mm

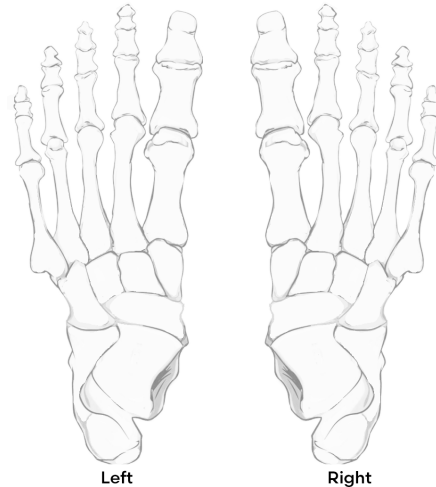
PADDING & THICKNESS

Met Pads            \_\_\_L \_\_\_R \_\_\_B/L    \_\_\_1/8 \_\_\_3/16  
Morton's Ext       \_\_\_L \_\_\_R \_\_\_B/L    \_\_\_1/8  
Neuroma Pad       \_\_\_L \_\_\_R \_\_\_B/L    \_\_\_1/8  
Heel Cushion       \_\_\_L \_\_\_R \_\_\_B/L    \_\_\_1/8 \_\_\_1/16  
Heel Spur Pad      \_\_\_L \_\_\_R \_\_\_B/L    \_\_\_1/8 \_\_\_1/16  
Accommodative Pad \_\_\_L \_\_\_R \_\_\_B/L    \_\_\_As marked

TOP COVER MATERIALS

EVA 35 (Black)            \_\_\_1/8 \_\_\_1/16  
Micro-suede (Black)      \_\_\_1/24  
Neolon (Black)            \_\_\_1/8  
Plastazote (Black)        \_\_\_1/8  
Poly-U (w/Black vinyl)    \_\_\_1/8 \_\_\_1/16  
Ucolite (Black Perforated) \_\_\_1/8 \_\_\_1/16

CHANGE LENGTH    \_\_\_Met Heads  
                          \_\_\_Sulcus  
                          \_\_\_Toes



Return product to: HP Inc., 225 Benjamin, Suite 103 Corona, CA 92879

Internal Comments

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