1 PRACTICE INFORMATION

Practice:

Address:

Practitioner:

Telephone:

EVERFEET ORTHOTICS
319 Julian Avenue
Thomasville NC 27360
Tel: (336) 472-0000
Fax: (336) 472-0021
info@everfeetlabs.com
www.everfeetlabs.com

REPAIR ORTHOTICS ORDER FORM

Date:

2 PATIENT INFORMATION

First Name:

Last Name:

Med. Rec.#:

DOB: **Sex:** ☐ M ☐ F Weight: lbs **Shoe Size:**

☐ Ship to Patient

Street Address:

City: State: Zip:

3 ORDER INFORMATION

Pair(s) Right(s) Left(s)

FIT ORTHOTICS TO: ☐ Tracing ☐ Insoles ☐ Shoes

PRODUCTION: ☐ **5 Day Service** ☐ 3 Day Service $50

4 REFURBISHMENT

☐ Basic Refurbishment
(Replace covers, pads and cushions as original.)

☐ Complete Refurbishment
(Replace covers, pads and cushions, fillers and extrinsic posts as original.)

5 ADJUSTMENTS