

MODIFICATION, RE-LINE, REFURBISH

CRUX LABORATORY

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PATIENT & CLINIC INFORMATION

Name: _____
Date: _____ Shoe Size: _____
Clinic: _____
Practitioner: _____

FOR LAB USE ONLY

Date Received: _____
Date Shipped: _____
Invoice #: _____
Ser. #: _____
QC: _____
☐ Warranty
☐ Modification Policy
Modification #: _____
Price: _____

MODIFICATIONS

Reason for modification:

Instructions:

RE-LINE: Replace top & bottom covers only

☐ As submitted ☐ With following changes: (specify materials to the right)

Top Cover:
☐ Full length ☐ Sulcus Length ☐ Device Length

Bottom Cover:
☐ Full length ☐ FF only ☐ Vinyl ☐ Orthohyde Other:

Top Cover Materials

Black Neoprene:	<input type="checkbox"/> 1.5mm	<input type="checkbox"/> 3mm
Black ETC:	<input type="checkbox"/> 1.5mm	<input type="checkbox"/> 3mm
NeoSponge XS:	<input type="checkbox"/> 1.5mm	<input type="checkbox"/> 3mm
Black Puff:	<input type="checkbox"/> 1.5mm	<input type="checkbox"/> 3mm
EVA (35D, perf.):	<input type="checkbox"/> 1.5mm	<input type="checkbox"/> 3mm
Plastazote:	<input type="checkbox"/> 1.5mm	<input type="checkbox"/> 3mm <input type="checkbox"/> 6mm
Diabetic Combo (PPT+Plastazote):	<input type="checkbox"/> 3mm	<input type="checkbox"/> 6mm
Microfash:	<input type="checkbox"/> Black	<input type="checkbox"/> Pink
Vinyl:	<input type="checkbox"/> Black	<input type="checkbox"/> Grey <input type="checkbox"/> Purple <input type="checkbox"/> Blue
Black Carbon Vinyl:	<input type="checkbox"/>	
Black Orthohyde:	<input type="checkbox"/>	
Leather or Suede (\$20):	<input type="checkbox"/> Black	<input type="checkbox"/> Tan <input type="checkbox"/> Suede

REFURBISH: Replace all features and postings, includes re-line

☐ As submitted ☐ With following changes: (specify topcover materials above)

FF POST
☐ Extrinsic (bar) ☐ L ☐ R
☐ Intrinsic ☐ L ☐ R
LEFT: _____ ° Varus _____ ° Valgus
RIGHT: _____ ° Varus _____ ° Valgus

RF POST
☐ Extrinsic ☐ L ☐ R
☐ Intrinsic ☐ L ☐ R
LEFT: _____ ° Varus _____ ° Valgus
RIGHT: _____ ° Varus _____ ° Valgus

Note:
- Available materials listed above. Comparable substitutions to be made at lab discretion.
- If no materials selected, comparable re-line materials chosen at lab discretion
- Only damaged special features will be replaced with a re-line