

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

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

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

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

	Extrinsic	L	R
RF POST	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