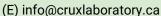
MODIFICATION, RE-LINE, REFURBISH

CRUX LABORATORY #3, 6120 11 Street SE Calgary AB T2H 2L7



- 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



Extrinsic

Intrinsic

RIGHT: ____

RF POST L

o Varus

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R

o Valgus

o Valgus

(E) III o @ o o o o o o o o o o o o o o o o		SUPPOR	TING YOU	FROI	м тн	E GR	OUND	UP	
PATIENT & CLINIC II	NFORMATION	FOR LAB USE ONL	Y						
Name: Shoe Size: Shoe Shoe Size: Shoe Size: Shoe Shoe Size: Shoe Size: Shoe Size: Shoe Size: Shoe Shoe Shoe Size: Shoe Size: Shoe Shoe Shoe Shoe Shoe Shoe Shoe Shoe		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 V	Vith following changes: (specify ma	aterials to the right)	Top Cover Materia Black Neoprene: Black ETC: NeoSponge XS:	als		1.5mm 1.5mm 1.5mm	3mm 3mm 3mm		
			Black Puff: EVA (35D, perf.): Plastazote: Diabetic Combo (P	PT+Plasta	azote):	1.5mm 1.5mm 1.5mm	3mm 3mm 3mm 3mm		6mm 6mm
Bottom Cover:	ulcus Length Device Length Fonly Vinyl Orthohyd	do Othor	Microfash: Vinyl: Black Carbon Vinyl Black Orthohyde:			Black Black	Pink Grey	Purple	
•	Fonly Vinyl Orthohyo	de Other:	Leather or Suede (\$20):		Black	Tan	Suede	
	Vith following changes: (specify to			FF POST	Extrin Intrin: LEFT: RIGHT:		L L Varus _ Varus _		º Valgus º Valgus