

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 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	

Top Cover:

Full length Sulcus Length Device Length

Bottom Cover:

Full length FF only Vinyl Orthohyde Other:

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

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

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