

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