

# 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