

INSTRUCTIONS: Fill out this form in its entirety. Once completed, fax (773-523-3639) the form to Justin Blair & Company. Place the top sheet of this form with the casting, keep the bottom copy for your records. Send the casting using a provided return label to the Justin Blair & Company Lab for processing. Keep the second part of the return label (receipt) for shipment tracking. Reference the patient name when contacting us for order status.

Company Name: _____ Date: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Patient Name: _____

Gender: M F Shoe Size: _____ Width: _____

Shoe Style: _____

Please process an order for:

Custom Orthotics

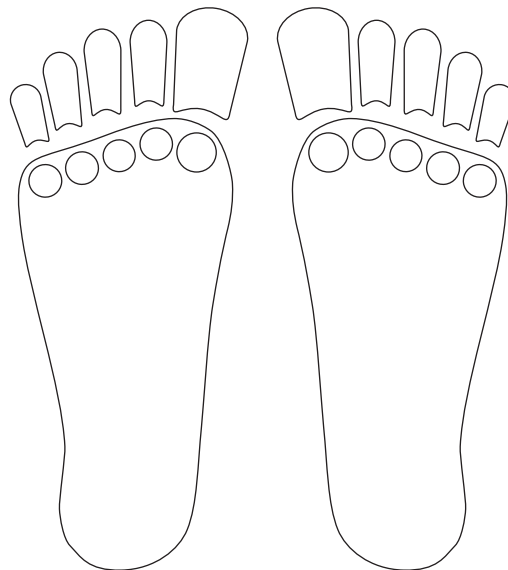
Shoes & Custom Orthotics¹

Special Instructions:² _____

NOTE: CUSTOM ORTHOTICS ARE NOT RETURNABLE

ACCOMMODATE AS MARKED

Metatarsal Pad(s)	R	L
Accommodate	R	L
U-Pad	R	L
Toe Fill	Use L5000	
Transmet Pro	Use L5000	



RIGHT

LEFT

CALL FOR ADDITIONAL ACCOMODATIONS ²

1 - Acor & Aetrex shoes only

2 - May incur extra charges

\$90 per 3 pair¹

1 - Starting price for Custom Orthotic using styles listed below (except for L5000). Additional customization may result in additional charges. Freight included.

ORTHOTIC OPTIONS

ULTRA THIN QTY ____ R ____ L
1/8" Pink Plastazote Top Cover
1/4" Grey Plastazote Shell
Heat Molded to Cast - #18079

REGULAR QTY ____ R ____ L
1/4" Pink Plastazote Top Cover
1/4" Grey Plastazote Shell
Heat Molded to Cast - #18080

FIRM QTY ____ R ____ L
1/8" Pink & 1/8" White Plastazote Top Cover
1/4" Grey Plastazote Shell
Heat Molded to Cast - #18081

EVA FIRM QTY ____ R ____ L
1/8" Pink & 1/8" White Plastazote Top Cover
1/4" EVA Shell
Heat Molded to Cast - #18082

L5000* QTY ____ R ____ L
1/8" Pink Plastazote Top Cover
1/2" EVA Shell
Heat Molded to Cast - #18083
***NOTE: 1 EACH ONLY - PRICE \$60**

FOR OFFICE USE ONLY

ORDER#: _____

ENTRY DATE: _____

SHIP DATE: _____

FORM - 18084

MAIN OFFICE (800) 566-0664 / (773) 523-3639 (FAX) **LAB** 6131-C LAKE WORTH ROAD / GREEN ACRES, FL / 33463

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