



Kings Ortho Solutions Inc

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FOR OFFICE USE ONLY

Date of Order _____

Account # _____

Order # _____

REPAIR/REFURBISHMENT ORTHOTIC FORM

Account Name _____ Phone # _____

Address _____

Patient Name _____ Age ____ Sex ____ Weight ____

Shoe size _____ Shoe Type _____ Activity _____

Ship To Address _____

FOR STANDARD RECONDITIONING PLEASE CHECK BELOW

- BASIC REFURBISHMENT
Replacement of top cover materials and all accommodative padding
- COMPLETE REFURBISHMENT
Replacement of all posting and filler materials as well as all top cover materials and accommodative padding

FOR FURTHER MODIFICATIONS PLEASE CHECK BELOW

	RIGHT	LEFT	BOTH	Specify amount of correction
REDUCE BULK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
NARROW DEVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
LOWER ARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
RAISE ARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

*TO ENSURE A PROPER SHOE FIT, SEND PATIENTS SHOES OR TRACING OF INLAY

TOP COVERS AND PADDINGS

	RIGHT	LEFT	BOTH	METS	SULCUS	FULL
<input type="checkbox"/> DIABETIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LEATHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SPENCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> VINYL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1/16" PORON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1/8" PORON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HEEL SPUR PADS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MET PADS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> REINFORCE ARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SCAPHOID PADS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OVERSHELL				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OVERSHELL				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> U-Pad				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Low				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EVA				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heel Pads _____"				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Poron				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* TO ENSURE EXACT SIZING, PLEASE ENCLOSE A TRACING OF THE PATIENT'S SHOE INLAY

POSTING INSTRUCTIONS ACCOMMODATE/BALANCE

REARFOOT POSTING

REANGLE LEFT VARUS _____

RE-POST RIGHT VALGUS _____

REMOVE BOTH

ADD

FOREFOOT POSTING

REANGLE LEFT VARUS _____

RE-POST RIGHT VALGUS _____

REMOVE BOTH

ADD



RIGHT LEFT

* HAVE YOU TRIED TEMPORARY POSTING IN YOUR OFFICE?

OTHER INSTRUCTIONS: _____
