

REFURBISH / ADJUSTMENT FORM

Reference#
Log#

PLEASE NOTE: Your order may be delayed if the information is unclear or incomplete

LEGIONORTHOPEDICS.COM **PRACTITIONER INFORMATION** LEGIONORTHOPEDICS.COM

Clinic Name Doctor Name Acct #
Address City State Zip Code
Phone Ext Fax email

LEGIONORTHOPEDICS.COM **PATIENT INFORMATION** LEGIONORTHOPEDICS.COM

Name
Gender M F Age Wt lb Shoe Type Shoe Size
Please mail orthotics to patient address _____

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Top cover + Padding AS OLD Top & Bottom AS OLD (Top and bottom cover or bottom extension only - No Posting Work)
Follow Instructions Below Pairs

REFURBISH / ADJUSTMENT INSTRUCTIONS

EXTENSION LENGTH

















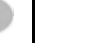

Full Padding		Padding Extension		Notes:
R	L	R	L	
Pad on Plate <input type="checkbox"/>	<input type="checkbox"/>	Pad Heel to Toes <input type="checkbox"/>	<input type="checkbox"/>	
Heel to Sulcus <input type="checkbox"/>	<input type="checkbox"/>	Sulcus Pad Extension Only <input type="checkbox"/>	<input type="checkbox"/>	
		Full-length Pad Extension Only <input type="checkbox"/>	<input type="checkbox"/>	

LEGIONORTHOPEDICS.COM **PADDING MATERIAL SELECTION** LEGIONORTHOPEDICS.COM

White premium	Soft Blue Foam (known as celon)		Eva Solid Blue	Porozote		Plastazote	Multicolor	Black
R	L	R	L	R	L	R	L	<input type="checkbox"/>
4.5mm <input type="checkbox"/>	<input type="checkbox"/>	2mm <input type="checkbox"/>	<input type="checkbox"/>	2mm <input type="checkbox"/>	<input type="checkbox"/>	3mm <input type="checkbox"/>	<input type="checkbox"/>	Blue <input type="checkbox"/>
		3mm <input type="checkbox"/>	<input type="checkbox"/>	4.5mm <input type="checkbox"/>	<input type="checkbox"/>	6mm <input type="checkbox"/>	<input type="checkbox"/>	Lavende <input type="checkbox"/>
		6mm <input type="checkbox"/>	<input type="checkbox"/>	6mm <input type="checkbox"/>	<input type="checkbox"/>	Pick color →		Pink <input type="checkbox"/>

Apply Multi-layer As Follow: _____

LEGIONORTHOPEDICS.COM **SPECIAL PADDING AND / OR CUSTOM POCKETS** LEGIONORTHOPEDICS.COM

Heel Pad	Heel Spur Pad	Heel Pocket	Carlton Saddle	Cuboid Pad	Dancer's Pad	Metatarsal Pad	Neuroma Pad	Scaphoid Pad	Metatarsal Bar Pad
									
R <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>	L <input type="checkbox"/>
3mm <input type="checkbox"/>	3mm <input type="checkbox"/>	3mm <input type="checkbox"/>	3mm <input type="checkbox"/>	3mm <input type="checkbox"/>	3mm <input type="checkbox"/>	3mm <input type="checkbox"/>	3mm <input type="checkbox"/>	3mm <input type="checkbox"/>	3mm <input type="checkbox"/>
6mm <input type="checkbox"/>	6mm <input type="checkbox"/>	6mm <input type="checkbox"/>	6mm <input type="checkbox"/>	6mm <input type="checkbox"/>	6mm <input type="checkbox"/>	6mm <input type="checkbox"/>	6mm <input type="checkbox"/>	6mm <input type="checkbox"/>	6mm <input type="checkbox"/>
Bar Pad	Bar Pad	Toe Crest	Soft Medial	Morton's Extension	Reverse Morton's	Toe Block as Marked	Pocket as Marked		
on Plate	Beyond Plate		Flange	to: sulcus	End great toe	(shoe required)			
									
R <input type="checkbox"/>	L <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>	On Plate		
3mm <input type="checkbox"/>	3mm <input type="checkbox"/>	3mm <input type="checkbox"/>	3mm <input type="checkbox"/>	3mm <input type="checkbox"/>	3mm <input type="checkbox"/>	High <input type="checkbox"/>	3mm <input type="checkbox"/>		
6mm <input type="checkbox"/>	6mm <input type="checkbox"/>	6mm <input type="checkbox"/>	6mm <input type="checkbox"/>	6mm <input type="checkbox"/>	6mm <input type="checkbox"/>	Low <input type="checkbox"/>	Beyond Plate		
							6mm <input type="checkbox"/>		
							R <input type="checkbox"/>		
							L <input type="checkbox"/>		

