

Date: _____ PO#: _____ Account#: _____

Doctor: _____

Address: _____

City: _____ State/Zip: _____ Telephone: _____

ORTHOTIC MATERIALS ORDER FORM

TOPCOVER MATERIALS	Sheet Size	Quantity	Total Cost
EVA Soft (1/8" black)	44" x 63"		
EVA Soft (1/16" black)	37" x 60"		
EVA Firm (1/8" black)	30" x 50"		
Nylene (1/8" black nylon-coated neoprene)	40" x 42"		
Nylene (1/16" black nylon-coated neoprene)	40" x 42"		
Vinyl (black)	54" x 40"		
ACCOMMODATION MATERIALS			
Korex (1/16")	36" x 36"		
Korex (1/8")	36" x 36"		
Korex (1/4")	36" x 36"		
Metatarsal Pads - small <input type="checkbox"/> med <input type="checkbox"/> large <input type="checkbox"/>	(10 pairs)		
Scaphoid Pads - medium	(10 pairs)		
P-Cell (1/8")	37" x 60"		
Poron (1/16" single abraded)	38" x 40"		
Poron (1/8" double abraded)	38" x 40"		
Poron (1/4" single abraded)	38" x 40"		
MISCELLANEOUS SUPPLIES			
6" Outside Caliper (for measuring heel width)			
Benefits of Orthotics Brochure (package of 25)			
Ticro Grinding Cones (for polishing polypropylene)			
Other (requires ProLab pre-approval)			

SHIPPING AND BILLING INFORMATION

- FedEx Ground (*economy*) Standard Shipping
 Charge my credit card Invoice my account
 Card Type (circle): VISA MasterCard AMEX
 Card #: _____
 Expiration: _____ / _____ CVV# _____
 Signature: _____

Total # of Items	
Total Cost*	

***California Practitioners Only:**
Sales tax will apply unless a Resale Certificate is on file.

***Shipping charges are based on weight and will be added to your invoice. All prices are subject to change.**