

Repair Work Order

ACCOUNT INFORMATION (please print neatly)

Account # _____ P.O. # _____
 Practitioner _____
 Account Name _____
 Phone _____ Fax _____
 Street Address _____
 City/St/Prov _____
 Zip/Postal Code _____

<input type="checkbox"/> Refurbish	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> B/L
<input type="checkbox"/> Recover to original specs	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> B/L

Repair devices as stated here: _____

Charge to: Master Card VISA AmEx Discover
 # _____
 Expiration Date _____ Signature _____

LAB USE ONLY

Date Received: _____ Incoming Postage: _____
 SHOES L R B/L Opened By: _____
 NEGATIVE CASTS L R B/L POSITIVE CASTS L R B/L

PATIENT INFORMATION

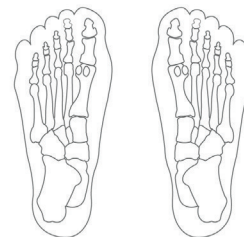
Last Name _____
 First Name _____
 Serial Number (**Very Important Information**) _____

Is patient covered by PROTECT® Program? Yes No
 If yes, enclose PROTECT WORK REQUEST AUTHORIZATION.

POSTING VALUES

	RIGHT	LEFT
RF	_____	_____
FF	_____	_____
<input type="checkbox"/> ADJUST ARCH	<input type="checkbox"/> Lower <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B/L	
	<input type="checkbox"/> Raise <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B/L	

1/8" Standard unless otherwise requested
 Balance as indicated _____
 Balance as drawn
 1 2 3 4 5 R L B/L



R **#1010** L