

Account Name: _____ Address: _____ Account Number: _____

Contact Person for this Repair: _____ Patient Name: _____

Date: _____ Tracking #: _____

- | | |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> LEFT distal edge of orthotic shell too short, extend by _____ mm. | <input type="checkbox"/> LEFT heel cup too narrow, widen by _____ mm. |
| <input type="checkbox"/> RIGHT distal edge of orthotic shell too short, extend by _____ mm. | <input type="checkbox"/> RIGHT heel cup too narrow, widen by _____ mm. |
| <input type="checkbox"/> LEFT distal edge of orthotic shell too long, shorten by _____ mm. | <input type="checkbox"/> LEFT heel cup too wide, narrow by _____ mm. |
| <input type="checkbox"/> RIGHT distal edge of orthotic shell too long, shorten by _____ mm. | <input type="checkbox"/> RIGHT heel cup too wide, narrow by _____ mm. |
| <input type="checkbox"/> LEFT extension too narrow, widen by _____ mm. | <input type="checkbox"/> LEFT extension too short increase by _____ mm. |
| <input type="checkbox"/> RIGHT extension too narrow, widen by _____ mm. | <input type="checkbox"/> RIGHT extension too short, increase by _____ mm. |
| <input type="checkbox"/> LEFT arch too high, lower by _____ mm at apex. | <input type="checkbox"/> LEFT arch too low, increase by _____ mm at apex. |
| <input type="checkbox"/> RIGHT arch too high, lower by _____ mm at apex. | <input type="checkbox"/> RIGHT arch too low, increase by _____ mm at apex. |
| <input type="checkbox"/> LEFT extension too wide, narrow as marked. | <input type="checkbox"/> LEFT extension too long, shorten as marked. |
| <input type="checkbox"/> RIGHT extension too wide, narrow as marked. | <input type="checkbox"/> RIGHT extension too long, shorten as marked. |
| <input type="checkbox"/> REFURBISH <input type="checkbox"/> REFURBISH / REPAIR FOR NON-PEDALIGN ORTHOTICS IS A \$50 CHARGE. | |

ADDITIONAL INSTRUCTIONS

PedAlign

An OHI Company

ADDITIONAL INSTRUCTIONS

ACCOMMODATIONS

Dancer's Pad (3/16") <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Heel Cushion <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Heel Spur Pad <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Met Pad Low (1/8") <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Met Pad High (3/16") <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L
Met Bar (1/8") <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	LA Pads (1/8") <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Met Head Cut Out, 1 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Met Head Cut Out, 2 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Met Head Cut Out, 3 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L
Met Head Cut Out, 4 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Met Head Cut Out, 5 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Neuroma Pad, Left <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Neuroma Pad, Right <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Morton's Extension (EVA) <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L
Toe Crests <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Widen Extension (B/L) <input type="checkbox"/> 1/2" wide <input type="checkbox"/> 1" wide			

Device Top Cover Length (Check one)

Met Length Sulcus Length Full Length

POSTING OPTIONS: (Check and enter degree)

Varus or Valgus
Intrinsic RF post: Left ____ Right ____

Varus or Valgus
Extrinsic Fore-Foot: Left: ____ Right ____

Varus or Valgus
Extrinsic RF post: Left: ____ Right: ____

Heel Lift

L R B/L | 1/8" 1/4" 3/8" 1/2"

TOP COVERS OPTIONS

Black Vinyl Gray Vinyl 1/16" Black Spenco 1/8" Black Spenco 1/8" Pink P-Cell
 1/8" Pink P-Cell + 1/16" EVA 1/8" Blue ETC 3/16" Blue ETC 1/8" Black Starsuede 1/8" Green Spenco

Widen extension (Check one)

1/2" 1"

POLICIES:

BILLABLE REPAIR: All billable repairs are under warranty for six months against defects with materials or workmanship. Orthotic devices returned for repair to PedAlign within the material guarantee period requesting or requiring any accommodation changes from the original prescription, will be billed as a repair.

FOR ANY MODIFICATIONS OTHER THAN LAB STANDARD PROCEDURES, PLEASE CALL CUSTOMER SERVICE.

1. Please completely fill out the prescription form for repair.
2. All PedAlign accounts will be supplied with free FedEx Ground shipping labels for repairs.
3. Repairs and/or refurbishments for all PedAlign products are charged a flat fee of \$35, regardless of a single orthotic or pair. Non-PedAlign orthotics, inactive PedAlign accounts, and any shell modifications will incur a \$50 charge.
4. Keep your FedEx tracking number found on the return label for reference.

GUARANTEES: All new standard orthotics are guaranteed for six months against defects in materials and workmanship. This includes fitment adjustments as originally prescribed within the first six months at no charge to standard designs and components of our product line. Orthotic shells with traditional wear are guaranteed for life against breakage. In the event of non-traditional damage, replacement orthotics will incur a \$50 fee. Please note, PedAlign does not offer a replacement warranty for abused or damaged devices. PedAlign reserves the right to change manufacturing materials at any time, at its sole discretion.

EXCLUDED MATERIALS: Certain selected covering materials include: P-Cell, Spenco and EVA are not guaranteed against wear. \$35 repair charges will apply for replacement within the six month service guarantee.

NO CREDIT: No credit will be applied for any orthotics for any reason including but not limited to returning used or unused orthotics.

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