Rob's Shoe Repair & Orthotics
Your Shoe Care & Foot Comfort Center

153 South Main St.
Chambersburg, PA 17201

717-496-3406
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SHOE MODIFICATION ORDER FORM

Patient Information

Name_____

Age_____ Sex_____ Wt._____

Shoe Size: _____

Diagnosis_____

Bill/Ship to:

_____
Practice/Practioner Name

_____
Address

_____
City State Zip

_____
Phone

Heel lift	_R	_L	Amount_____
Heel/Sole lift	_R	_L	Amount_____
Wedge	_R	_L	_____
Rocker Soles	_R	_L	_____
Buttruss	_R	_L	_____
External Met Bars		_R	_L _Bilateral
Toe/Sole Sliders		_R	_L _Bilateral

Desired Durometer

_Cloud (MP55)

_Soleflex (MP70)

_Xfirm Soletech (MP80)

SPECIAL INSTRUCTIONS;

PO#_____

Date_____ Physician/Practioner Signature_____