Arch Fitters

RE-TOP FORM

Send this Form With Orthotics

*Store ID#: _____ Clinician: _____ Phone: _____ Date: _____

*PATIENT NAME First _____ M.I. _____ Last _____

Shoe Size _____ Width _____ * Template # _____ ☐ Male ☐ Female

REQUIRED FIELD* Select your options below

Quantity Ordered (Pairs if not selected) _____ ☐ Left Only ☐ Right Only

TOP LAYER

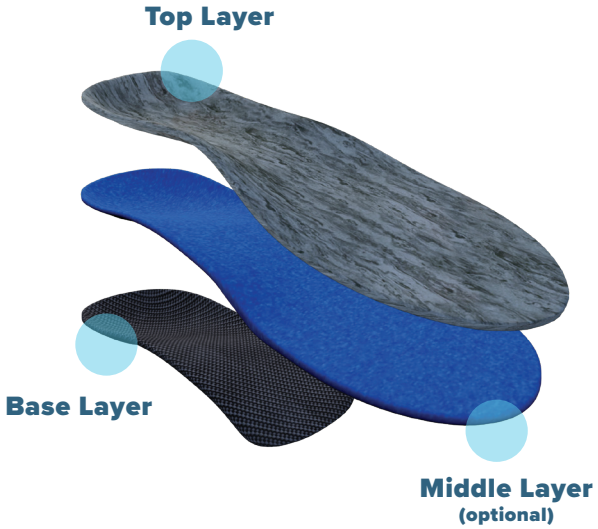
☐ 3/4 Length ☐ Sulcus ☐ Full Length (default if none selected)

1 mm	2 mm	3 mm
☐ Black Naugahyde ☐ Brown Naugahyde ☐ Spenco	MICROCELL PUFF 35 DM: ☐ Camo Swirl, ☐ Pink Swirl, ☐ Blue Swirl, ☐ Black Solid 20 DM: ☐ Pink Puff (Tan), ☐ Lt Blue Puff 15 DM: ☐ Pink Plastazote, ☐ Blue Plastazote	MICROCELL PUFF 35 DM: ☐ Camo Swirl, ☐ Pink Swirl, ☐ Blue Swirl, ☐ Black Solid 20 DM: ☐ Pink Puff (Tan), ☐ Lt Blue Puff 15 DM: ☐ Pink Plastazote, ☐ Blue Plastazote 25 DM: ☐ Spenco

Other: ☐ 4.5mm Spenco

MIDDLE LAYER

☐ 1.5mm Neoprene/Spenco ☐ 2mm Poron
☐ 3mm Neoprene/Spenco ☐ 3mm Poron



Special Instructions:

Send to:

Arch Fitters
1625 SE Hogan Rd. Suite G
Gresham, OR 97080

OFFICE USE ONLY

Date Received: _____ Metpad: _____

Notes: