



[] RUSH ORDER (Specify Date: _____ Additional Charge)

- [] Please call for RX
[] Return Casts (Extra fee)
[] Hand Corrected
[] System_Rx
[] California Preform

Account Information Required

Quality in Every Step!

28280 Alta Vista Ave.
Valencia, CA 91355
(ph) 800-556-3668
(fax) 800-556-3338
cservice@klmlabs.com
www.klmlabs.com

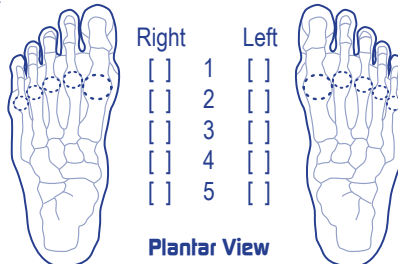
Patient Last _____, First _____
Age: _____ Sex: _____ Ht: _____ Wt: _____ Shoe Type/Size: _____

- SUPPLIES:
[] RX Forms
[] Brown Boxes
[] Return Labels
[] Bags
[] Other _____

Functional Orthotics section containing tables for FEATURED PRODUCT, FUNCTIONAL, SPORTS, PEDIATRIC, FASHION, GERIATRIC, RICHIE BRACE PRODUCTS AND ADDITIONS, CUSTOM BALANCE BRACES, SHELL MATERIALS, COVER MATERIALS, TOP COVER, SHELL WIDTH, Diabetic Orthotics, Diabetic Orthotic Program, and FOREFOOT ACCOMMODATIONS.

SPECIAL NOTES:

Please mark soft spot



HEELCUP, ORTHOTIC WIDTH, ORTHOTIC STRENGTH, COVERS, MATERIALS, INTRINSIC POSTING, EXTRINSIC POSTING, SPECIAL ADDITIONS, Heelspur, Morten's Extension, and Toe Crest sections.