

**Ship To:**

O.C. Orthotic Lab Services
2221 E Winston Road Ste R
Anaheim, CA 92806

REPAIR FORM

866.991.6252 Toll-Free 714.991.6254 Fax

Visit us at: www.ocorthoticlab.com

Lab Data Only

Date Received

Received Via

New Work

Repairs

Account	Last Name	First			
Address	Address				
Telephone					
Telephone	DOB	Female / Male	Wt.	Ht.	Shoe Size
Shoe Type			Diagnosis		

☐ Mail to Patient ☐ RTD ☐ Rush Return by _____ ☐ Fit to Shoe Enclosed (Please ship only 1 shoe) ☐ Send RX Forms ☐ PO _____

☐ **Extended Repair** (replace all materials except posting)

☐ **Full Refurbishment** (replace all materials including posting)

Posting Instructions**Rearfoot**

Right

Left

_____ ° Varus

_____ ° Valgus

Forefoot

Right

Left

_____ ° Varus

_____ ° Valgus

Comments: _____

Plantar View

Right

Left



☐ Use diagram for accommodation placement