



ORTHOTIC MODIFICATION FORM

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DR/CLINIC INFORMATION

NAME: _____
 ADDRESS _____
 PHONE _____
 FAX _____
 EMAIL: _____

PATIENT INFORMATION

PLEASE PRINT

NAME: _____
 GENDER: _____ AGE: _____
 WEIGHT _____
 SHOE _____

ORTHOTIC MODIFICATION REQUIRED

REMOVE

LEFT RIGHT

ADD

LEFT RIGHT

TOPCOVER CHANGE

LEFT RIGHT

MODIFICATIONS NOTES



MODIFICATION POLICIES - 6 month warranty on all top covers and soft additions when subjected to regular wear. 1) Reconditioning and soft padding modifications of any Oolab product out of warranty, or any non- Oolab product are subjected to modification charges of \$35.00. 2) Modifications that require alterations of shell material, shell modifications, and adjustments based on shoe exchanges and conversions will incur a remoulding charge of \$55.00. Please refer to warranties / policies sheet for complete terms.