

MILE HIGH ORTHOTICS LAB
 4970 MONACO ST. UNIT A
 COMMERCE CITY, CO 80022
 O- 303-289-1534
 F- 303-288-3687
 866-710-4880
 WWW.MHOLABS.COM

Account #: _____
 Please send us:
 Rx Forms _____
 Shipping Labels _____
 Shipping Boxes _____
 A Smile _____

OFFICE NAME _____ DATE _____
 DOCTOR _____ PATIENT _____
 ADDRESS _____ AGE _____ M _____ F
 _____ WEIGHT _____ SHOE SIZE _____
 _____ SHOE ONLY _____ SHOES AND ORTHOTICS _____
 PHONE _____

NAOT/KLOGS SHOE SELECTION

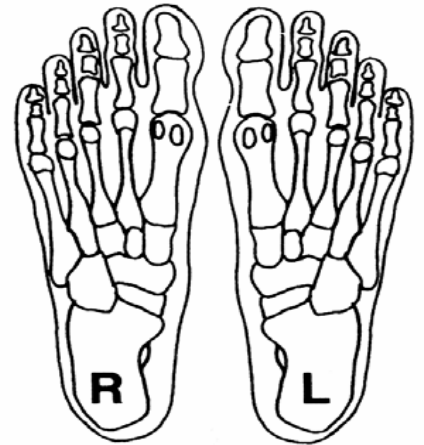
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POSTING

PLASTER FILL

		L	R	
REARFOOT	EXTRINSIC	_____	_____	_____
(Var/Val)	INTRINSIC	_____	_____	_____
FOREFOOT	EXTRINSIC	_____	_____	_____
(Var/Val)	INTRINSIC	_____	_____	_____
_____POST TO CAST				

_____ MINIMUM
 _____ STANDARD
 _____ MAXIMUM



COMMENTS:

ADDITIONS

_____HEEL LIFT _____mm	..... L R	_____MEDIAL FLANGE.....	L R
_____DEEP HEEL CUP	..... L R	_____METATARSAL PAD ___S___M___L.....	L R
_____HEEL PAD	..... L R	_____METATARSAL BAR.....	L R
_____HEEL SPUR PAD	..... L R	_____MORTON'S EXTENSION.....	L R
_____DANCER'S PAD	..... L R	_____REVERSE MORTON'S EXT.....	L R
_____MEDIAL HEEL SKIVE	..... L R	_____FASCIAL GROOVE.....	L R

NAOT/KLOGS PURCHASE AND RETURN POLICY

To avoid restocking charges please be sure to double check color, size and style number before submitting orders. All exchanges or returns will be refunded \$15.00 less (restocking fee) of the original sale price only if shoes have no wear or scuff marks. An additional \$15.00 will be charged if shoes are returned in any other box than the original or if the original box has been taped or written on (Please use post-it notes). Footwear that has been discontinued cannot be returned and all other shoes must be returned within 30 days of order date to receive a refund. Please examine footwear and orthotic at the time of delivery to establish proper fit and/or manufacturing/shipping damage. Please return any problematic footwear immediately. Any shoe or insert sent back may incur additional recovering, restocking or shipping costs.

