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Please place your account label here or fill in information

Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

Account Phone \_\_\_\_\_

Account Address \_\_\_\_\_

Patient Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Age \_\_\_\_\_ Wt \_\_\_\_\_ Sex \_\_\_\_\_ Shoe Size \_\_\_\_\_

☐ New Device ☐ Refurbish ☐ Adjustment ☐ Warranty

For Lab Use Only			
Shoes Enclosed	<input type="checkbox"/>	Single	<input type="checkbox"/>
Orthos Enclosed	<input type="checkbox"/>	RX#	_____
Biofoam	<input type="checkbox"/>		
Accommodation	<input type="checkbox"/>		
L	_____		
R	_____		

☐ Mail to patient. Please supply address \$2.00 charge

☐ Return casts/shoes \$5.00 charge

(Please attach a separate order form for each pair)

## Custom Economy Footlights® \$65.00

### Orthotic Selection:

Functional (No top cover included) ☐

Athletic ☐

Competitor ☐

Dress ☐

Accommodative ☐

### Shell Thickness:

Triton (1/8") ☐

Triton (3/16") ☐

### Top Cover Length: (EVA only)

Met. ☐

Sulcus ☐

Full ☐

### Arch Height:

Low ☐

Medium ☐

High ☐

No Arch Fill ☐

### Grind:

Narrow (hourglass shape) ☐

Regular ☐

Wide ☐

Shaffer Grind ☐

### Reinforce Arch:

Corex ☐

Crepe ☐

### Methead Accommodation:

L \_\_\_\_\_ R \_\_\_\_\_

### Cutout 1st MPJ in Shell:

L \_\_\_\_\_ R \_\_\_\_\_

### Posting:

#### FOREFOOT:

☐ Post to Cast

☐ No Posting

☐ Standard Intrinsic

☐ Extrinsic Short or Long

Left: \_\_\_\_\_ Right: \_\_\_\_\_

\_\_\_\_\_ ☐ Varus \_\_\_\_\_ ☐ Varus

\_\_\_\_\_ ☐ Valgus \_\_\_\_\_ ☐ Valgus

#### REARFOOT:

☐ No Post

☐ Extrinsic

☐ Modified Intrinsic

Left: \_\_\_\_\_ Right: \_\_\_\_\_

\_\_\_\_\_ ☐ Varus \_\_\_\_\_ ☐ Varus

\_\_\_\_\_ ☐ Valgus \_\_\_\_\_ ☐ Valgus

### Comments:

Please indicate the following: L-left, R-right, B-bilateral

### Heel Spur Accommodations:

\_\_\_\_\_ Hole in Heel \_\_\_\_\_ Horseshoe Heel Pad

### Accommodations:

\_\_\_\_\_ Arch Pad

\_\_\_\_\_ Extra Heel Cushion

\_\_\_\_\_ Met Pad

\_\_\_\_\_ Corex Morton's Extension to Sulcus

\_\_\_\_\_ Deep Heel Cup

\_\_\_\_\_ Heel Lift Height \_\_\_\_\_ " 1/2" maximum

(if > than 1/2", additional material will be sent separately)



## *Custom Economy Footlights® ... flat priced at \$65.00.*

### Services

- ✓ 5 to 7 work day turnaround for new devices
- ✓ Consultation Service
- ✓ Lifetime Warranty Protection on shell breakage  
(Grinding on shells will void warranty)

### Supplies (at no charge, except as noted)

- ✓ Prepaid U.S. Mailing Labels
- ✓ Shipping boxes
- ✓ Prescription order forms
- ✓ Applications for AOR insurance
- ✓ "What is an Orthotic" brochure - call for pricing

### Shipping

Inbound shipping is \$6.00 per box received (Mailing labels provided.) **Please note that many couriers will charge an additional fee for same day pickup requests. These charges will be the responsibility of the client and will be added to the monthly statement.** Outbound shipping charges are \$10.00 per package. Orders outside continental U.S. will be shipped via air carrier and billed for the actual freight amount. When shipping orders from outside continental U.S. to Allied OSI Labs, freight must be prepaid.

### Invoicing and Terms

1. Open accounts are established to qualified individuals or companies when the initial order is placed. Allied OSI Labs reserves the right to require a credit application and/or a credit report.
2. A detailed invoice will be sent with each order. Accounts are expected to pay from invoice.
3. Statements are mailed monthly.
4. Most major credit cards are accepted. Account number, expiration date and signature must be on file at the lab.

### Discounts

A second pair of orthoses to be made from a pair of existing positive casts will receive a discount of \$5.00 (even from another lab). Family and staff discounts are not available on Footlights®.

**Note:** We do reserve the right to refuse to do work on a cast that does not meet our standards.

### Adjustments

A modification charge of \$14.00 plus Shipping & Handling will be applied for all adjustments not requiring a remake. Modifications requiring a remake will be charged as a second pair.

### Warranty

Allied OSI Labs offers the following limited warranty on all its Footlights®:

1. The shell of the device is warranted against breakage for the patient's lifetime.
2. Abuse (including use on rung ladders or with shovels), prolonged exposure to the elements, loss or outgrowth of the orthotic device is not covered under this warranty. This warranty does not apply to charges made by the doctor or prescribing clinic.
3. **Allied OSI Labs manufactures a custom product which cannot be reused. There are no refunds on devices inappropriately ordered or rejected by the patient.**

### Additional Charges

1. Refurbishment: . . . . . \$29.00
2. 3-Day Rush: . . . . . \$30.00
3. Return Casts/Shoes: . . . \$ 5.00
4. Ship to Patient: . . . . . \$ 2.00
5. Conversion from a Footlight device to a Plus Line Device (without remaking) is \$45.00 within 6 months of invoice. After 6 months, the product will be charged as a Plus Line product with a 25% Plus Line 2nd pair discount.