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| C:\Users\scott.buser\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\D17LQO9D\Orthofeet logo.jpg  **www.orthofeetonline.com** | | | | | | | | | | | | 152A Veterans Drive, Northvale, NJ 07647 Tel: 201-767-6224 ■ 800-524-2845  Fax: 201-767-6748 | | | | | | | | | | | | | | | |
| **POSTING & ADJUSTMENTS ORDER FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date:** | |  | | | | | | | | | | | | **P.O. #**: | | | |  | | | | | | | | | |
| **Customer #**: | | | | | | |  | | | | | | | **Contact Person**: | | | | | | | |  | | | | | |
| **Bill To**: | | | |  | | | | | | | | | | **Ship To**: | | | | | |  | | | | | | | |
| **Address**: | | | | | |  | | | | | | | | **Address**: | | | | | | |  | | | | | | |
| **Address**: | | | | | |  | | | | | | | | **Address**: | | | | | | |  | | | | | | |
| **City**: |  | | | | | | | | | | | | | **City**: | |  | | | | | | | | | | | |
| **State**: | | |  | | | | | | **Zip**: |  | | | | **State**: | | |  | | | | | | | **Zip**: |  | | |
| **Tel #**: | | | | |  | | | | | | | | | **Tel #**: | | | | |  | | | | | | | | |
| **Fax #**: | | | | |  | | | | | | | | | **Fax #**: | | | | |  | | | | | | | | |
| **Email**: | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Visa/MasterCard**: | | | | | | | |  | | | | | | | | | | | | | | | | **Exp. Date**: | |  | |
| **Name On Card**: | | | | | | | |  | | | | | | | **Signature**: | | | | | | | |  | | | | |
| **DESCRIPTION** | | | | | | | | | | | **UNIT** | | **PRICE ($)** | | | | | | | | | | **CODE** | | | | **QTY** |
| 1. Heel Lifts 1/8” | | | | | | | | | | | dz. pairs | | Contact Orthofeet | | | | | | | | | | HL8 | | | |  |
| 2. Heel Lifts 1/4" | | | | | | | | | | | dz. pairs | |  | | | | | | | | | | HL4 | | | |  |
| 3. Felt Arch Pads - Small | | | | | | | | | | | dz. pairs | |  | | | | | | | | | | FS | | | |  |
| 4. Felt Arch Pads – Medium | | | | | | | | | | | dz. pairs | |  | | | | | | | | | | FM | | | |  |
| 5. Felt Arch Pads - Large | | | | | | | | | | | dz. pairs | |  | | | | | | | | | | FL | | | |  |
| 6. Posting Strip 3° - 17” Long | | | | | | | | | | | strip | |  | | | | | | | | | | 3P | | | |  |
| 7. Posting Strip 4° - 17” Long | | | | | | | | | | | strip | |  | | | | | | | | | | 4P | | | |  |
| 8. Posting Strip 5° - 17” Long | | | | | | | | | | | strip | |  | | | | | | | | | | 5P | | | |  |
| 9. Rear Foot Post 3° | | | | | | | | | | | 6 pairs | |  | | | | | | | | | | RF3 | | | |  |
| 10. Rear Foot Post 4° | | | | | | | | | | | 6 pairs | |  | | | | | | | | | | RF4 | | | |  |
| 11. Rear Foot Post 5° | | | | | | | | | | | 6 pairs | |  | | | | | | | | | | RF5 | | | |  |
| 12. Metatarsal Pads | | | | | | | | | | | dz. pairs | |  | | | | | | | | | | MP | | | |  |
| 13. Nylon Tape – 5”x60” | | | | | | | | | | | roll | |  | | | | | | | | | | NY | | | |  |
| 14. Top-Cover Replacement - 5”x12” | | | | | | | | | | | pair | |  | | | | | | | | | | TCR | | | |  |
| 15. Top-Cover Replacement - 5”x 60” roll | | | | | | | | | | | roll | |  | | | | | | | | | | CLS | | | |  |
| 16. Roller | | | | | | | | | | | each | |  | | | | | | | | | | R | | | |  |
| 17. Syringe | | | | | | | | | | | each | |  | | | | | | | | | | SY | | | |  |