

CHIROPRACTIC PRESCRIPTION ORDER FORM

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FOR OFFICE USE ONLY	
Date of Order	Br.
Account #	
Order #	Terar a

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ddress		City				StateZip			
The following	information is	s required	d for us to	properly	process yo	ur patient	t's custom	ortho	tic order
ent Name				Teology .			Age	Sex	Weight
oe Size	Shoe Type		Acti	vity					
Ship Directly to Patient's Address		City					State Zip		
	Cl	HIROPF	RACTIC	PRODU	CT SELE	CTION			
or ComfortFit's co	mprehensive o	order form	n, go to ou	r website	at www.c	omfortfitl	abs.com (resour	ces/forms ta
	omfortFlex Ill-length orthotic				top cover to	o full length	1		
A TABLE	asualFit Pl 4 sulcus-length						ell and viny	l top co	ver
	limFit — For 4 sulcus-length					ron oversh	ell and viny	l top co	ver
3/ D	4 sulcus-length ressFit — Fo	orthotic wi	ith 3.0mm s dress shoe	subo shell a	and 1/16" po ers				
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