



CHIROPRACTIC PRESCRIPTION ORDER FORM

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FOR OFFICE USE ONLY

Date of Order _____
Account # _____
Order # _____

Account Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

The following information is required for us to properly process your patient's custom orthotic order

Patient Name _____ Age _____ Sex _____ Weight _____

Shoe Size _____ Shoe Type _____ Activity _____

Ship Directly to Patient's Address _____ City _____ State _____ Zip _____

CHIROPRACTIC PRODUCT SELECTION

For ComfortFit's comprehensive order form, go to our website at www.comfortfitlabs.com (resources/forms tab)

- ComfortFlex** — For all sport activities
Full-length orthotic with 2.0mm subo shell, spenco top cover to full length
- CasualFit Plus** — For most women's dress shoes and boots
3/4 sulcus-length orthotic with 3.0mm subo shell and 1/16" poron overshell and vinyl top cover
- SlimFit** — For women's narrow and high-heel shoes
3/4 sulcus-length orthotic with 3.0mm subo shell and 1/16" poron overshell and vinyl top cover
- DressFit** — For men's dress shoes and loafers
Sulcus-length orthotic for use in loafers/oxford shoes, providing moderate control and max comfort
- SoftFit** — For accommodative "leather like" comfort for all shoe types
Full-length orthotics with vinyl top cover, 1/8" poron overshell and a flexible rubberized/plastic shell
- Other** _____

Change from standard length to:

- 3/4 Met Head Length Sulcus Length Full Length

SPECIAL ACCOMMODATIONS

	RIGHT	LEFT	BOTH				
<input type="checkbox"/> DEEP HEEL CUPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> HEEL LIFTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1/16"	<input type="checkbox"/> 1/8"	<input type="checkbox"/> 1/4"	<input type="checkbox"/> Other _____
<input type="checkbox"/> HEEL PADS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1/16"	<input type="checkbox"/> 1/8"		
<input type="checkbox"/> HEEL SPUR ACCOMMODATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> U-Pad Cutout			
<input type="checkbox"/> MET PADS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> SUPPORT LOW MEDIAL ARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> LATERAL HEEL WEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> LATERAL ARCH PAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

SPECIAL INSTRUCTIONS: _____
