

EMP INITIALS: \_\_\_\_\_

**ORTHOTIC RE-ORDER FORM**

DATE: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

DATE LAST SEEN: \_\_\_\_\_ CURRENT INSURANCE: \_\_\_\_\_

**(please circle)**

I am dropping off my **orthotics/orthotic molds/ my molds are digital** and would like the following:

- a second pair of orthotics the same as the 1<sup>st</sup> pair.
  - a second pair of orthotics different from the 1<sup>st</sup> pair (indicate difference)\_\_\_\_\_
  - an adjustment to my current orthotics (indicate request)\_\_\_\_\_
- (Additional charges may be applicable if beyond 6 months from date of dispense)**
- Top Covers/minor repairs added/made to my orthotics **\*\*\*\$72.00\*\*\* is our prompt pay fee (without billing insurance) & is due at drop off\*\*\* \$92.00\*\*\* is our fee for both patients & insurance if you require we bill your insurance & payment is made after drop off date\*\*\***
  - other: \_\_\_\_\_

**\*\*YOU WILL RECEIVE A /TEXT/EMAIL WHEN YOUR ORTHOTICS ARE IN\*\*\***

\_\_\_\_\_  
Patient/ Representative Signature for drop off

\_\_\_\_\_  
Date

I have requested to **pick-up** orthotics for myself/above patient **(please circle)** because it is not necessary to be fitted to insure these orthotics fit properly since *it is a Second pair / Remake / Adjustment/ Other*\_\_\_\_\_

**(Please Circle)**

- Orthotics dispensed Date: \_\_\_\_\_ To: \_\_\_\_\_ (initial) By A & F Employee: \_\_\_\_\_
- Orthotic check follow-up appointment date: \_\_\_\_\_
- I decline a follow up appointment with the doctor at this time **Comments:** \_\_\_\_\_
- Fee slip completed **A & F Employee:** \_\_\_\_\_
- Patient balance owed** \_\_\_\_\_yes \$\_\_\_\_\_ Amount Paid: \$\_\_\_\_\_
- \_\_\_\_\_no \_\_\_\_\_ N/C
- Insurance pending:** \_\_\_\_\_yes \_\_\_\_\_no

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
SIGNATURE (for pick up)

\_\_\_\_\_  
Date

\_\_\_\_\_  
( UNDER 18) Patient Representative (Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date