

REPAIR FORM

Office Name: _____ **Office Address:** _____ **Identification:** _____

Contact Person For This Repair: _____ **Patient Name:** _____

Date: _____ **Tracking #:** _____

LEFT distal edge of orthotic shell too short, extend by _____mm.

RIGHT distal edge of orthotic shell too short, extend by _____mm.

LEFT distal edge of orthotic shell too long, shorten by _____mm.

RIGHT distal edge of orthotic shell too long, shorten by _____mm.

LEFT extension too narrow, widen by _____mm.

RIGHT extension too narrow, widen by _____mm.

LEFT arch too high, lower by _____mm at apex.

RIGHT arch too high, lower by _____mm at apex.

LEFT extension too wide, narrow as marked.

RIGHT extension too wide, narrow as marked.

LEFT heel cup too narrow, widen by _____mm.

RIGHT heel cup too narrow, widen by _____mm.

LEFT heel cup too wide, narrow by _____mm.

RIGHT heel cup too wide, narrow by _____mm.

LEFT extension too short, increase by _____mm.

RIGHT extension too short, increase by _____mm.

LEFT arch too low, increase by _____mm at apex.

RIGHT arch too low, increase by _____mm at apex.

LEFT extension too long, shorten as marked.

RIGHT extension too long, shorten as marked.

REFURBISH

REFURBISH / REPAIR FOR NON-PEDALIGN ORTHOTICS IS A \$50 CHARGE.

ADDITIONAL INSTRUCTIONS:

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Please check and circle all the options that may apply:

ACCOMMODATIONS

Dancer's Pad (3/16") L R B/L	EVA Arch Fill L R B/L	Heel Cushion L R B/L	Heel Spur Pad L R B/L	Met Pad Low (1/8") L R B/L	Met Pad High (3/16") L R B/L
Met Bar (1/8") L R B/L	LA Pads (1/8") L R B/L	Met Head Cut Out, 1 L R B/L	Met Head Cut Out, 2 L R B/L	Met Head Cut Out, 3 L R B/L	Met Head Cut Out, 4 L R B/L
Met Head Cut Out, 5 L R B/L	Neuroma Pad, LEFT 1 2 3 4	Neuroma Pad, RIGHT 1 2 3 4	Morton's Extension (EVA) L R B/L	Toe Crests L R B/L	

MORE PADDING OR CUSHION

1/16" Poron, entire device L R B/L	1/16" Poron, extension only L R B/L	1/16" Poron, shell only L R B/L	1/8" Poron entire device L R B/L
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DEVICE TOP COVER LENGTH

Met Length Sulcus Length Full Length

POSTING OPTIONS: (Check and enter degree)

VaRus or ValGus

Intrinsic RF post: LEFT ____° RIGHT ____°

VaRus or ValGus

Extrinsic Fore-Foot: LEFT ____° RIGHT ____°

VaRus or ValGus

Extrinsic RF post: LEFT ____° RIGHT ____°

Heel Lift

L R B/L
1/8" 2/8" 3/8" 4/8" 5/8" 6/8" 7/8" 8/8"

TOP COVER OPTIONS

Dark Blue Vinyl 1/8" Pink Plastazote + 1/8" SRP Tan Leather 1/8" Black Spenco 1/8" Green Spenco 1/8" Pink Plastazote
1/8" Black EVA 1/8" Blue EVA 1/16" Black Spenco

Widen Extension (Check one)

1/2" 1"

REPAIR POLICY:

BILLABLE REPAIR: All billable repairs are under limited warranty for six months against defects with materials or workmanship. Orthotic devices returned for repair to PedAlign within the material guarantee period requesting or requiring any accommodation changes from the original prescription, will be billed as a repair.

FOR ANY MODIFICATIONS OTHER THAN LAB STANDARD PROCEDURES PLEASE CALL CUSTOMER SERVICE.

1. Please completely fill out the prescription form for repair.
2. All PedAlign accounts will be supplied with free UPS Ground shipping labels for repairs.
3. Repairs and/or refurbishments for all PedAlign products are charged a flat fee of \$35, regardless of a single orthotic or pair. Non-PedAlign orthotics, inactive PedAlign accounts, and any shell modifications will incur a \$50 charge.
4. Keep your UPS tracking number found on the return label for future reference.

POLICY

GUARANTEES: All new standard orthotics are guaranteed for six months against defects in material and workmanship. This includes fitment adjustments as originally prescribed within the first six months at no charge to standard designs and components of our product line. Orthotic shells with traditional wear are guaranteed for life against breakage. In the event of non-traditional damage (ie dog chewed, etc.), replacement orthotics will incur a \$50 fee. Please note, PedAlign does not offer a replacement warranty for abused or damaged devices. PedAlign reserves the right to change manufacturing materials at any time, at its sole discretion.

EXCLUDED MATERIALS: Certain selected covering materials including: Slow Recovery Poron/Plastazote, Plastazote, Spenco and EVA are not guaranteed against wear. \$35 repair charges will apply for replacement within the six month service guarantee.

NO CREDIT: No credit will be applied for any orthotics for any reason including but not limited to returning used or unused orthotics.