

Account Name: \_\_\_\_\_ Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

# PedAlign

— An OHI Company —

## ADDITIONAL INSTRUCTIONS

### ACCOMMODATIONS

Dancer's Pad (3/16") <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Heel Cushion <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Heel Spur Pad <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Met Pad Low (1/8") <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Met Pad High (3/16") <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L
Met Bar (1/8") <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	LA Pads (1/8") <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Met Head Cut Out, 1 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Met Head Cut Out, 2 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Met Head Cut Out, 3 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L
Met Head Cut Out, 4 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Met Head Cut Out, 5 <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Neuroma Pad, Left <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Neuroma Pad, Right <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Morton's Extension (EVA) <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L
Toe Crests <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B/L	Widen Extension (B/L) <input type="checkbox"/> 1/2" wide <input type="checkbox"/> 1" wide			

Device Top Cover Length (Check one)

☐ Met Length ☐ Sulcus Length ☐ Full Length

### POSTING OPTIONS: (Check and enter degree)

Varus or Valgus	Varus or Valgus	Varus or Valgus
Intrinsic RF post: Left ____ Right ____	Extrinsic Fore-Foot: Left: ____ Right ____	Extrinsic RF post: Left: ____ Right: ____

Heel Lift

☐ L ☐ R ☐ B/L | ☐ 1/8" ☐ 1/4" ☐ 3/8" ☐ 1/2"

### TOP COVERS OPTIONS

☐ Black Vinyl ☐ Gray Vinyl ☐ 1/16" Black Spenco ☐ 1/8" Black Spenco ☐ 1/8" Pink P-Cell  
☐ 1/8" Pink P-Cell + 1/16" EVA ☐ 1/8" Blue ETC ☐ 3/16" Blue ETC ☐ 1/8" Black Starsuede ☐ 1/8" Green Spenco

Widen extension (Check one)

☐ 1/2" ☐ 1"

## POLICIES:

**BILLABLE REPAIR:** All billable repairs are under 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 FedEx Ground shipping labels for repairs.
3. Repairs and/or refurbishments for all PedAlign products are charged a flat fee of \$37.50, 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 FedEx tracking number found on the return label for reference.

**GUARANTEES:** All new standard orthotics are guaranteed for six months against defects in materials 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, 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 include: P-Cell, Spenco and EVA are not guaranteed against wear. \$37.50 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.

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