



ANKLE & FOOT CLINIC OF EVERETT
3131 NASSAU ST. STE 101
EVERETT WA 98201
(PH) 425-339-8888 (FAX) 425-258-6933
www.ankleandfootnorthwest.com

EMP INITIALS: _____

ORTHOTIC RE-ORDER FORM

DATE: _____ PATIENT NAME: _____ DOB: _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

LAST SEEN _____ CURRENT INSURANCE ID NUMBER _____

I AM DROPPING OFF : ORTHOTICS _____ MOLDS _____ MY MOLDS ARE DIGITAL _____

_____ Another pair of orthotics (current prescription / no changes) or adjustments) \$441.00

_____ Another pair of orthotics with changes (new prescription or modified by Doctor) \$441.00

_____ An adjustment to current orthotics Under 6 month warranty? _____ YES _____ NO

(ADDITIONAL CHARGES MAY APPLY IF BEYOND 6 MONTHS FROM DATE OF DISPENSE)

_____ Top Covers or minor repairs: ****\$72.00***** DUE AT DROP OFF

\$72.00 is our prompt pay fee (with out billing insurance) To bill your insurance the cost is \$92.00
Due at drop off.

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

Patient/ Representative Signature for drop off

Date

FOR PICK UP ONLY

I have requested to pick-up orthotics for MYSELF OR ABOVE PATIENT (CIRCLE ONE)

_____ Second Pair _____ Top Covers _____ Warranty _____ Redo _____ Other

Balance Due _____ Amount Paid _____ No Charge _____

Patient Name (Please Print)

SIGNATURE OF PERSON PICKING UP

DATE

(UNDER 18) Parent / Guardian (Please Print)

SIGNATURE (Parent / Guardian)

Employee Initial _____