Date Rec'd _____/____/____

ORTHOTICS & MEDICAL SUPPLY, INC.

509 Paul Morris Drive
Englewood, FL 34223
www.JSBinc.com
info@jsbinc.com

1-800-373-5935
941-473-0620
Fax: 888-875-1229

Date: _____/_____/_____ Acct#:_____

Acct. Name _____

Address _____

City _____ State _____ Zip _____

Phone # (_____)_____

- ❑ 24 Hour Rush $45.00
- ❑ 2 Day Rush $30.00
- ❑ 3 Day Rush $15.00

Adjustment & Refurbish Form

(P a t i e n t N a m e)

❑ Refurbish ❑ Adjustment ❑ Top Covers Only

Adjustments / Comments:_____

_____

_____

_____

_____

_____

❑ Increase arch [R]_____mm [L]_____mm [B/L]_____mm

❑ Decrease arch [R]_____mm [L]_____mm [B/L]_____mm

❑ Widen [R]_____mm [L]_____mm [B/L]_____mm

Extension ____ Distal ____ Midfoot ____ Heel ____

❑ Narrow [R]_____mm [L]_____mm [B/L]_____mm

Extension ____ Distal ____ Midfoot ____ Heel ____

- ❑ U.S. Mail Labels
- ❑ U.P.S. Labels (ARS)
- ❑ Prescription Forms
- ❑ Adjustment Forms
- ❑ Small Boxes
- ❑ Large Boxes
- ❑ "Worry Free" extended protection pamphlets
- ❑ Catalog