



Unit 3/22 Forward Street
Welshpool, W.A. 6106
Telephone: (08) 9470 2639

ADJUSTMENT/REFURBISHMENT FORM

PODIATRIST _____
ADDRESS _____
_____ PHONE _____
PATIENT NAME _____

OFFICE USE ONLY: JOB NO. _____
IN _____ OUT _____
BILL / PODIATRIST _____
/ WARRANTY _____
CONSULTANT _____

PLEASE ADJUST: SHELL (L) _____
(R) _____
REARFOOT POST (L) _____
(R) _____
FOREFOOT POST (L) _____
(R) _____
COVER (L) _____
(R) _____
FURTHER INSTRUCTIONS _____

SEND DIRECT TO PODIATRIST: _____ OR CLIENT ADDRESS: _____

PLEASE LEAVE IF UNATTENDED: AT DOOR IN LETTERBOX