



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

### ADJUSTMENT/REFURBISHMENT FORM

PODIATRIST _____
ADDRESS _____
_____ PHONE _____
PATIENT NAME _____

<b>OFFICE USE ONLY:</b>	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