

LEGION ORTHOPEDICS LLP

P.O. Box 451
Bridgeton NJ 08302 USA
Tel: (856) 473-8927
Tel: (856) 392-5834
info@legionorthopedics.com

Order date _____

Reference Order # _____

FLAT SERIES INSOLES FORM

June 2015

PAYMENT INFORMATION

Name: _____

PayPal email: _____

Check / Money order Request Payment

**** All Sales are FINAL **** Enclosed Template

Notes / Instructions: _____

CUSTOMER INFORMATION

Name: _____

Age: _____ sex: _____

Address: _____

City: _____ Zip Code: _____

E-mail: _____

Tel: _____ Fax: _____

SELECT INSOLE TYPE

◇ Vinyl and foam insoles (white)
Select thickness __ 1/16" __ 1/8"
__ 3/16" __ 1/4"

◇ 1/8" Multicolor Foam
Select color __ Black __ Pink
__ Blue __ Lavender

◇ 1/8" Cloth Neoprene and vinyl
Select color __ Black __ Pink
__ Blue __ Gray

◇ 3/16" Cloth Neoprene and foam
Select color __ Black __ Pink
__ Blue __ Gray

◇ 1/4" Cloth Neoprene and foam
Select color __ Black __ Pink
__ Blue __ Gray

◇ Dual Foam Diabetic Insoles
Select thickness __ 3/16" __ 1/4"

◇ Real Leather and foam Insoles
(Dark Brown) Select thickness
__ 1/16" __ 1/8" __ 3/16"
__ 1/4"

◇ 1/4" NeoEva Insoles Reversible
Select color __ Gray + Blue
__ Blue + Black __ Black + Pink
__ Pink + Lavender

◇ 1/4" Multicolor foam Reversible
Select color (s) __ Black __ Pink
__ Blue __ Lavender

OPTIONAL PADDING

◇ Add foam arch padding
__ 1/4" __ 3/8"

◇ Add extra heel padding
__ 1/8" __ 1/4"

◇ Add heel spur padding
__ 1/8" __ 1/4"

◇ Add Metatarsal padding
__ 1/8" __ 1/4"

Shoe Size: _____ Width: _____ Sex: _____ Weight (optional): _____

Notes: