Lab Rework Form

5050 S 2nd St Milwaukee, WI 53207 www.anodyneshoes.com

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Account No:	
Account Name:	
City:	
Date:	
P.O. No:	

*PLEASE MAKE SURE TO INCLUDE SEPARATE FORMS FOR SHOE RETURNS AND SHOE REORDERS

Patient Name:		Order No:	
QUANTITY			
Insert Quantity (pairs): 1	2 3 Toe Filler Quai	ntity (individual): 0 1	
Size:	Width:		
REASON FOR REWOR	RK		
Accommodation error	Arch too low	Sweet spot wrong place	
Grinding error	Arch too high	Offload placement error	
Size change	Arch placement error	☐ Toe filler fabrication error	
Deformity not captured	☐ Gluing error	☐ Shoe modification error	
SHOES			
Return Form Attached New Order Attached			
nodyne Office Use			
ESOLUTION			
Re-correct	Repair	Re-mill	
The-correct			