

# Aloha<sup>®</sup>Rx Sandals<sup>™</sup> Order Form

**\*\* Please complete every section of the form including patient name, shoe size, gender and previous invoice #**

**Account #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Shoe Size:** \_\_\_\_\_ **Gender:** ☐ Male ☐ Female

**Previous Invoice #:** \_\_\_\_\_

**\*\* Made from previous successful molds. Once your patient's orthotics are comfortable and functioning properly, the patient can get the same support from a pair of Aloha Rx Sandals<sup>™</sup>.**

**Low Heel Cup:** ☐ Yes ☐ No

## **Color Combination:**

☐ Black sole with brown stripe



☐ Brown sole with black stripe



☐ All black



☐ All brown

