



42 Niagara Street
Hamilton, ON, CA
L8L 6A2

Toll Free: 1 888 873-3316
Fax: (905) 521-8612
www.oolab.com

SPECIAL ORDER REQUEST FORM

Clinic Name: _____

Account #: _____

Doctor's Name: _____

Patient's Name: _____

SPECIAL ORDER SHOE REQUEST:

Manufacturer: _____

Model: _____

Color: _____

Size & Width: _____

Please note the conditions of 'Special Order Shoe Requests' are as follows:

1. Shoe is not returnable for refund or exchange
2. Cost must be paid prior to order of the shoe via credit card
3. Order is subject to manufacturer's availability

Please sign confirmation of these conditions and provide credit card information, as per the terms of condition.

Signature

Date

Credit Card Information:

Name on Card

Credit Card Number

Expiry Date

Security Code

Please fax to:
Ontario Orthotic Lab Inc.
42 Niagara Street, Hamilton ON L8L 6A2
(905)521-1210