



***A DIVISION OF D&M ORTHOTIC LAB***

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**ORDER FORM**

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

**Please check this box if you wish to refurbish this pair only**

**Please check this box if you would like a duplicate pair**

*(A duplicate pair means the pair of orthotics will be fabricated to match your old pair.)*

***Thank you for your business!***