

SHOE LIFT ORDER FORM

Fill in **Steps 1 and 2** and put this form in the box with your shoes. The rest is optional.

**SHIP YOUR
SHOES TO**

USPS

CNET Orthopedic, PO Box 41266, Brecksville, OH 44141

UPS / FEDEX

CNET Orthopedic, 7650 Chippewa Rd, Ste 301B, Brecksville, OH 44141

1 About you

Please print clearly

☐ **New customer** ☐ **Returning customer** ☐ Same lift as last time (you can skip Step 2)

Full name

Phone

Shipping address (street or PO Box)

City

State

ZIP

Email

2 Your lift

Not sure about the height? Call us — we'll help

Lift height:

☐ inches

☐ cm

☐ mm

☐ **Child's shoe** (pediatric discount)

Lift goes on: ☐ Left ☐ Right ☐ Both

Shoes in box: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

OPTIONAL Only if it applies to you

Skip anything you're not sure about — we'll take care of it

Custom tapering



Toe

Middle

Heel

Leave blank and we apply our standard tapering.

Add-ons

☐ **Honeycomb** — lighter, more flexible (over 1/2")

☐ **Remove my old lift first**

☐ **Rigid material** — heavy use or 200+ lb

Referring doctor / clinic

Phone

Special instructions

Save 5% on your first order — how did you hear about us?

☐ Google ☐ Facebook ☐ Instagram ☐ YouTube ☐ Doctor ☐ Friend ☐ Other

Extra 5% off ☐ **Yes, subscribe me** — email tips and offers, unsubscribe anytime

OFFICE USE Order # _____ Rec'd _____ Lift _____ Tech _____ ☐ Specs on file ☐ Shipped

📞 (347) 853-2995

✉ info@cnetorthopedic.com

🌐 cnetorthopedic.com

Questions? Call us — we're happy to help.

Track your order: app.cnetorthopedic.com/track