

Plattsburgh Shoe Hospital

Shoedoc66@charter.net

518-643-5141

Work Request Form

Mail to:

Plattsburgh Shoe Hospital

63 Valcour Heights Dr.

Peru, NY 12972

Return Address:

Name:

Street/PO Box:

City: State: Zip:

Email: Phone:

Fill in all information, print, and send this form with your shoes.

Premium Sticky Rubber:

- Vibram XS Edge
- XS Grip
- XS Grip 2
- Davos Zero Stick
- Technostick (yellow, non-marking indoor/outdoor)
- Unparalell RH
- No Preference, use rubber and thickness best suited for shoe design

Rubber Thickness

4 mm

5 mm

Other Options

Stitch uppers

New Laces

List number of pairs, brand, model, and size

Comments:

Payment: Credit Card, Check, Money Order



Visa Mastercard Check Money Order

Credit Card # Exp. Date

Security Code (cvv)

Signature _____

**Payment information
must be correct,
please review.**

Credit Card Billing Address (if different than Return Address)

Name:

Street/PO Box:

City: State: Zip: