

Ordered by: _____

Phone # (_____) _____

BILLING: P.O. Number _____

Account # _____

Bill To: _____

Ship To: _____

Address: _____

Address: _____

City: _____

City: _____


Prov: _____ Postal Code: _____ Country: _____


Prov: _____ Postal Code: _____ Country: _____

Phone: (_____) _____ Fax: (_____) _____

Phone: (_____) _____ Fax: (_____) _____

Shipping Preference: Ground Express

SpryStep®	Size	Quantity	
		Left	Right
	XS		
	SM		
	MD		
	LG		
	XL		

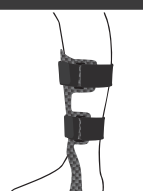
SpryStep® Flex	Size	Quantity	
		Left	Right
	XS		
	SM		
	MD		
	LG		
	XL		


Accessories

- Extra Shell Pad
- Extra Circumferential Strap

Note: The forefoot section can be trimmed with scissors: Approximately 1 inch can be taken off the toe end, and 1/2 to 1/4 inch can be trimmed from EACH side of the forefoot. The material that can be cut off the forefoot is tinted blue.

Please complete and fax this form to 1.877.527.1911 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 1.877.222.3311 between 6:00 a.m. and 4:00 p.m. (PST).

SpryStep® Max	Size	Quantity	
		Left	Right
	XS		
	SM		
	MD		
	LG		
	XL		

SpryStep® Plus	Size	Quantity	
		Left	Right
	XS		
	SM		
	MD		
	LG		
	XL		

SpryStep® & SpryStep® Flex		
Size	Height	Foot Plate Length
XS	11 ¾ inch	8 ½ — 9 ½ inch
SM	12 ⅝ inch	9 ⅛ — 10 ¼ inch
MD	13 ⅜ inch	9 ⅝ — 10 ⅞ inch
LG	14 ⅙ inch	10 ¼ — 11 ⅜ inch
XL	15 inch	11 ⅜ — 12 inch

SpryStep® Max		
Size	Height	Foot Plate Length
XS	13 ¼ inch	7 ¾ — 8 ½ inch
SM	14 ½ inch	8 ¼ — 9 inch
MD	15 ½ inch	9 — 10 inch
LG	16 ½ inch	10 — 10 ¾ inch
XL	16 ½ inch	10 ¾ — 11 ½ inch

SpryStep® Plus			
Size	Height to Tib Tuberosity	Foot Plate Length	Calf circumference 1" below fibula head
XS	13 inch	8 ½ - 9 ⅝ inch	11 ½ - 14 ½ inch
S	14 ¼ inch	9 ⅞ - 10 ¼ inch	12 ¾ - 15 ¾ inch
M	15 ½ inch	9 ⅝ - 10 ⅞ inch	13 ½ - 17 ½ inch
L	16 ¾ inch	10 ¼ - 11 ⅜ inch	14 ¾ - 18 ¾ inch
XL	18 inch	11 ⅜ - 12 inch	15 ½ - 20 ½ inch

Please complete this section only when ordering a SpryStep® for a specific patient who may have unique requirements.

Patient's Last Name: _____

Patient's First Name: _____

Patient Shoe Size: _____

Notes: _____
