



PF free, DF free, SMO trimline

**No Casting**

Today's Date: \_\_\_\_\_

Patient		
Patient name:	DOB:	Parent / Guardian name:

**1 Sizing**

Pair  Left  Right

Size: \_\_\_\_\_

Wide **Standard**  Narrow

**2 Outer Shell**

**Moderate Flexibility—Polyethylene** (outer shell)  
*Recommended for sizes 4.00 – 8.00 (not for larger sizes)*

**OUTER SHELL & STRAP COLOR:**

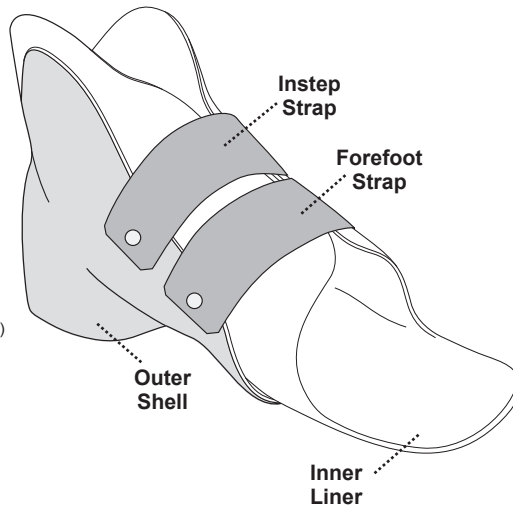
Blue  Pink

**-or-**

**Firm—Co-poly** (outer shell) *Available in white only*  
*Recommended for sizes 8.25 – 9.00 (available for all sizes)*

**STRAP COLOR:**

Blue  Pink



**3 Straps**

**Standard Riveted Layover**  
(instep and forefoot)

**Optional Strapping:**

**INSTEP**

Layover (no rivets)  
 Riveted D-Ring

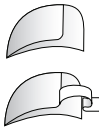
**FOREFOOT**

Layover (no rivets)

**4 Options**

Toe rise pad

Toe rise pad with toe abduction strap



Instep pad

**Payment Options**

**Facility Billing**  
(Practitioner)

Account Name / #:

PO #:

C.C. On File

**-or-**

**Insurance Billing**  
(Parent / Guardian / Practitioner)

UCAN N°:

**-or-**

**Direct Purchase**  
(Parent / Guardian)

Check Attached

Credit card:

Visa  Mastercard  AMEX  Discover

Cardholder's phone:

Credit Card N°:

Exact name on card:

Exp. Date:

V-Code:

**For current product pricing & shipping costs, please call our Customer Service staff at: 800-848-7332.**

**Billing**

Practitioner Name:

Facility:

Street address:

City: State: Zip:

Phone:

Email:

**Shipping**

**Same as Billing Information**

Shipping contact name:

Street address:

City: State: Zip:

Phone:

Email: