

<b>Patient</b>	Last name:
	First name:
	Birth date: <input type="checkbox"/> Bilateral <input type="checkbox"/> Left <input type="checkbox"/> Right
	Date cast:
<b>Practitioner</b>	Last Name:
	First Name:
	Title/Credentials:
	Email: Phone:
<b>Billing</b>	Customer/Business name:
	Street address:
	City: State: Zip:
	PO# / UCAN#:
	<input type="checkbox"/> Shipping info is the same as Billing info. <b>-OR-</b> Shipping contact name: Facility name: Street address: City: State: Zip:

Construction   Features   Options
<b>NOTE:</b> If you don't choose an option, you will receive the <b>Standard</b> .

Measurements
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Waist Measurement (mm): \_\_\_\_\_

Waist to lateral malleolus (mm): Left: \_\_\_\_\_ Right: \_\_\_\_\_

Straps
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**Leg Strap:** ☐ Non-Stretch Strap

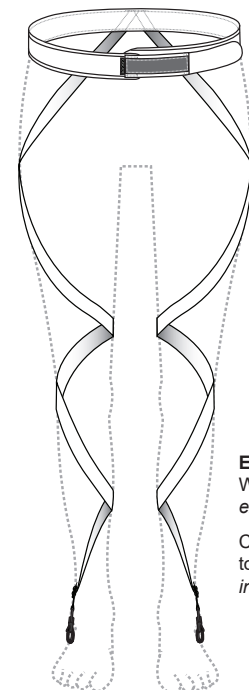
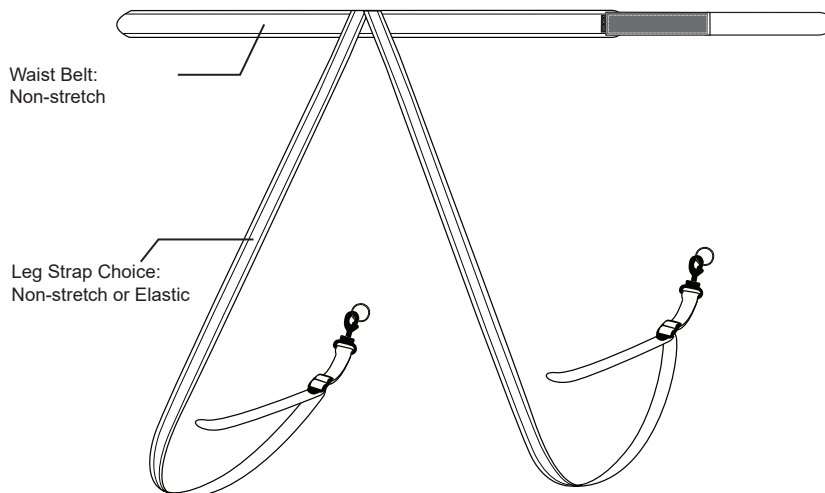
choose one ☐ White (**Standard**) ☐ Black ☐ Beige

☐ Elastic Strap

☐ White (**Standard**) ☐ Black

Special Instructions
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☐ **Rush order** (adds \$20)



**Example:**  
Worn to encourage  
*external rotation*  
  
Can be reversed  
to encourage  
*internal rotation*

**Thank you!**