

ExoCustom™

Order Information Form



3880 W Wheelhouse Road
Milwaukee, WI 53208
Tel: (855) 892-4140

Include this Order Information form with all ExoCustom orders

1. Order Information	
Date:	PO #:
<input type="checkbox"/> Original order <input type="checkbox"/> Reorder w/ changes <input type="checkbox"/> Exact reorder	
Fax / Email (for confirmation):	
Measured By (for order questions)	
Name:	
Facility:	
Phone / Email:	

2. Client Information	
Name / ID:	
Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male

Comments

3. Billing Information	
Account #:	
Bill to:	
Attention:	
Address:	
Address 2:	
City:	
State:	Zip:
Phone:	
Email:	
Credit Card Information (if applicable)	
#:	
Exp Date:	/
SID:	

4. Shipping Information		<input type="checkbox"/> Same as billing address
Ship to:		
Attention:		
Address:		
Address 2:		
City:		
State:	Zip:	
Email (for notifications):		
Shipping Method		
<input type="checkbox"/> Bus Ground <input type="checkbox"/> Res Ground <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight		

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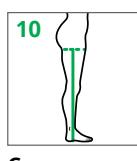
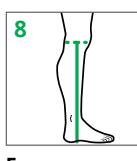
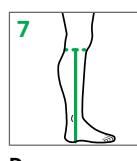
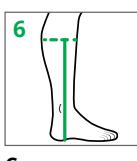
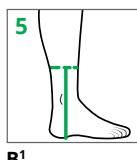
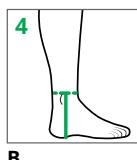
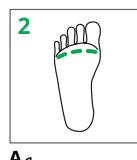
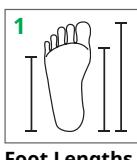
Lower Extremity Measuring and Order Form



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Measuring Instructions

- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure with client standing and weight evenly distributed.
- Measure lengths straight, do not follow leg contours.



Ordering Information

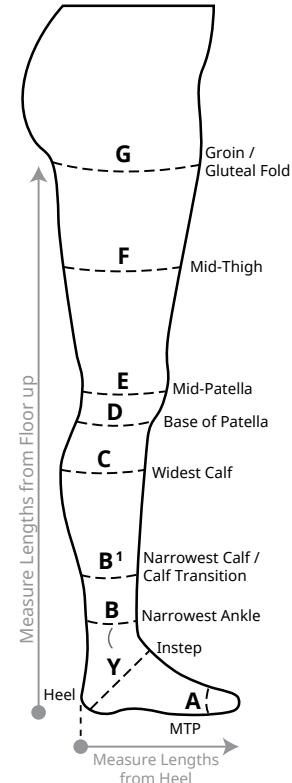
Date:	PO:	
Customer / Account:		
Client / ID:		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Quantity & Item Code		
Qty	EC-LE- EC-LE-	<input type="radio"/> L / R <input type="radio"/> L / R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R		
Compression		
<input type="checkbox"/> 18 - 21mmHg L / R <input type="checkbox"/> 23 - 32mmHg L / R		
<input type="checkbox"/> 34 - 46mmHg L / R		
Distal Foot Options		
<input type="checkbox"/> Closed L / R <input type="checkbox"/> Open L / R		
<input type="checkbox"/> Slant L / R <input type="checkbox"/> Straight L / R		
Modifications		
Qty	Pocket (select Place)	
Place:	<input type="checkbox"/> Back Knee L / R	<input type="checkbox"/> Instep L / R
Silicone (select Width and Place)		
Width:	<input type="checkbox"/> 3.5cm L / R	<input type="checkbox"/> 5cm L / R
Place:	<input type="checkbox"/> Inside L / R	<input type="checkbox"/> 3/4 Inside L / R
<input type="checkbox"/> Top L / R		
<input type="checkbox"/> Zipper L / R (note start / end location below)		
Label Placement on Garment		
Place:	<input type="checkbox"/> Inside L / R	<input type="checkbox"/> Outside L / R
Priority Production		
<input type="checkbox"/> Priority Production (additional fee)		
Comments		
<hr/>		

LEFT LEG MEASUREMENTS

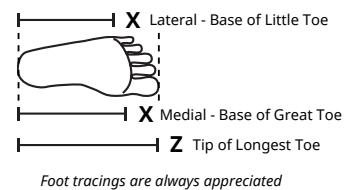
CIRC c	LENGTH ℓ
Gc	Gl
Fc	Fl
Ec	El
Dc	Dl
Cc	Cl
B ¹ c	B ¹ l
Bc	Bl
Yc	
Ac	

LEFT
Lateral X ℓ Base of Little Toe
Medial X ℓ Base of Great Toe
Closed Toe Z ℓ Tip of Longest Toe

Please measure in centimeters



FOOT LENGTH MEASUREMENTS



RIGHT LEG MEASUREMENTS

CIRC c	LENGTH ℓ
Gc	Gl
Fc	Fl
Ec	El
Dc	Dl
Cc	Cl
B ¹ c	B ¹ l
Bc	Bl
Yc	
Ac	

RIGHT

Lateral X ℓ Base of Little Toe
Medial X ℓ Base of Great Toe
Closed Toe Z ℓ Tip of Longest Toe