

MEASUREMENT GUIDE AND ORDER FORM

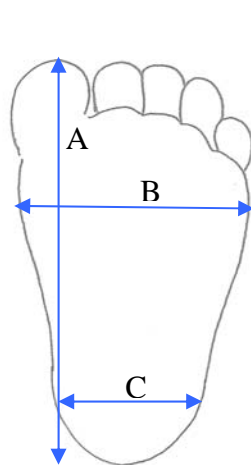
Description	Quantity	Price	Subtotal	Method of Payment
AFO Pair (L1930 x 2)		\$264.00		<input type="checkbox"/> Check <input type="checkbox"/> Purchase Order# _____ <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express CC # _____ Exp Date _____ Signature _____
AFO/PFS Pair (L1971 x 2)		\$364.00		
Ponseti Bar (L3150 & L2999)		\$86.00		
Pressure Saddles, each		\$11.00		
Shipping within Iowa		\$7.00		
Shipping outside Iowa (US)		\$12.00		
International Shipping		Call for quote		
Order Total:				

Name of Company or Parent's Name:	
Address 1:	
Address 2:	
City, State, Zip Code:	
Phone Number:	
Patient's Name:	
Physician's Name:	

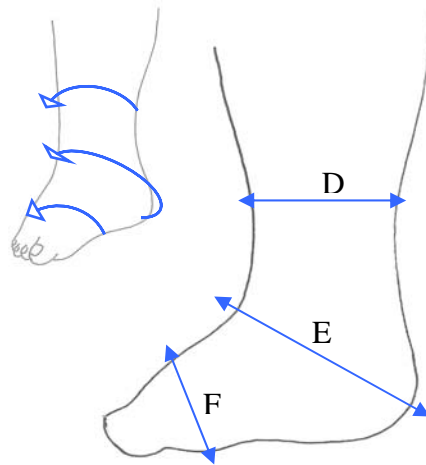
All bars are pre-packaged at 60° abduction and 10° dorsiflexion, please specify if other settings are required.

Left abduction - Right abduction- Left dorsiflexion- Right dorsiflexion-

	Left (cm)	Right (cm)
A		
B		
C*		
D		
E		
F		
Shoulder Width		
Patient DOB		



Length and width measurement locations



Circumference measurement locations

*HEEL WIDTH WILL BE USED FOR DATA COLLECTION ONLY

**REASONABLE ROOM FOR GROWTH WILL BE ALLOWED