



604 N. Parkway Street
Wayland, IA 52654
Toll Free 877-766-7384
Fax 319-256-2501
orders@mdorthopaedics.com
www.mdorthopaedics.com

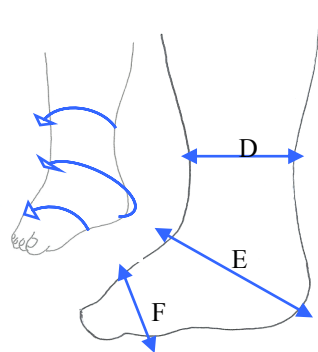
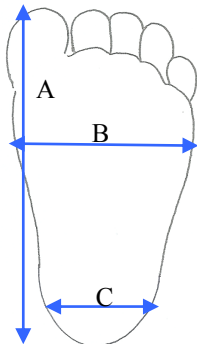
Customer ID # _____
 Company or Parent's Name _____
 Billing Address: _____
 City: _____ State: _____ Zipcode: _____ Country: _____
 Shipping Address (if different): _____

 Phone: () _____ Email : _____
 Patient's Name: _____ Patient's Date of Birth: _____
 Physician's Name: _____ Orthotist's Name: _____

| | Left (cm) | Right (cm) | Stock Orders | |
|----------------|-----------|------------|--------------|-----|
| | | | Size | Qty |
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| Shoulder Width | | | | |

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 | |
|----------------|--|-----------------|--|-------------------|--|--------------------|--|



Length and width measurement locations

| Description | Qty |
|---|-----|
| AFO Pair (L1930 x 2) <input type="checkbox"/> Gray <input type="checkbox"/> Pink <input type="checkbox"/> Blue | |
| AFO Toe Stilt Pair (L1930 x 2 & L3380 x 2) | |
| AFO/PFS Pair (L1971 x 2) | |
| AFO/PFS Toe Stilt Pair (L1971 x 2 & L3380 x 2) | |
| Ponseti™ Bar (L3150 & L2768) | |
| Dobbs Bar (L2300 or L3150 & L2210 x 2) | |
| Ponseti™ Bar Cover <input type="checkbox"/> Gray <input type="checkbox"/> Pink <input type="checkbox"/> Blue | |
| Pressure Saddles, each (L3649) | |
| AFO Socks, 3 pack | |
| Dorsi Ramp | |
| My Clever Night-Night Shoes by Karen Moss | |
| The Parents' Guide to Clubfoot by Betsy Miller + sales tax | |

Shipping Options

- Ground \$7 3 Day Select \$10 2nd Day Air \$12 Next Day Air \$25
 Next Day Air Early AM \$50 International - Call for a Quote
 Saturday Delivery (air packages only), additional \$16

Method of Payment:

- VISA Master Card Amex Discover PO # _____

CC # _____ Exp Date _____ Name _____

(5% discount for cc payment when paid in full at time of order)

Special Instructions: _____

All orders received by 10 AM CST Mon-Thurs will ship same day as long as items are available; any order received after 10 AM will ship the following business day; MD Orthopaedics is closed on Fridays.

| | | | | | |
|--------------|--|--------------|--|------------|--|
| Date Ordered | | Need By Date | | Ordered By | |
|--------------|--|--------------|--|------------|--|