

CUSTOMER INFORMATION

Date _____

Company _____

Contact _____

Phone _____

Fax _____

Email _____

PO # _____

Patient Name (If applicable) _____

BILLING ADDRESS _____ Suite # _____

City _____ State _____ Zip _____

SHIPPING ADDRESS _____ Suite # _____

City _____ State _____ Zip _____

Item	Size	Quantity
Replacement Straps Pack of 10, circle color: White Black Royal Blue Light Blue Pink Red Purple Yellow Green	$\frac{3}{4}$ " 1"	_____ _____
Malleolar Pads Packs of 20	Small Medium Large	_____ _____ _____
Neoprene Pads Packs of 10	$\frac{3}{4}$ " 1"	_____ _____
Toe Plateau Pair	Small Medium Large	_____ _____ _____
Dorsal Chips Pair	Small Medium Large	_____ _____ _____
Carbon Fiber Footplates Insole tracing required		
Spring Steel Footplates Insole tracing required		

Item	Size	Quantity
HEKO Joints, Pair Small 0-50 lbs. Large 51-100 lbs.	Small Large	_____ _____
Dual Adjustable Hinge, Pair Small 0-40 lbs. Large 41-100 lbs.	Small Large	_____ _____
Free Motion Hinge, Pair Infant 0-40 lbs. Pediatric 41-80 lbs. Adult 81-120 lbs. Doubled up Pediatric Up to 120 lbs. Doubled up Adult Up to 160 lbs.	Infant Pediatric Adult Dbl Ped Dbl Adult	_____ _____ _____ _____ _____
Spiro Joint		
Measuring Kit		
ML Sticks		
Rivet Press <input type="checkbox"/> With Mounting Base		
Marketing Kit Catalogs, Fitting Guides, Measuring tapes, Pens		

SHIPPING OPTIONS

- UPS Ground \$10.00
 2nd Day (by 12:00 p.m.) \$25.00
 Next Day (by 10:30 a.m.) \$50.00
 3 Day Select \$15.00
 Next Day Saver \$40.00

RETURN POLICY Returns will be accepted for this product given that it remains in its original condition and is received within 10 days of the purchase date. Modified or damaged products will not be accepted. Products will be inspected upon return. To receive full reimbursement for your purchase, please complete the return form included in the packaging and follow the instructions indicated.