

ExoCustom™ Order Information Form


3880 W Wheelhouse Road
Milwaukee, WI 53208

Include this Order Information form with all ExoCustom orders

1. Order Information	
Date:	PO #:
☐ Original order ☐ Reorder w/ changes ☐ Exact reorder	
Fax / Email (for confirmation):	
Measured By (for order questions)	
Name:	
Facility:	
Phone / Email:	

2. Client Information	
Name / ID:	
Age:	Gender: ☐ Female ☐ 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		☐ Same as billing address
Ship to:		
Attention:		
Address:		
Address 2:		
City:		
State:	Zip:	
Email (for notifications):		
Shipping Method		
☐ Bus Ground ☐ Res Ground ☐ 2nd Day ☐ Overnight		

Include this Order Information form with all ExoCustom orders

ExoCustom™ Lower Extremity Measuring and Order Form

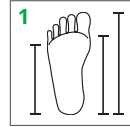
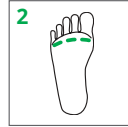

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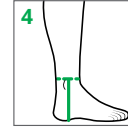
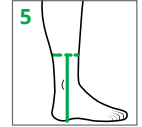
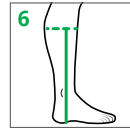
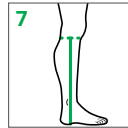
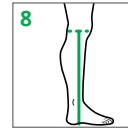
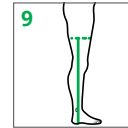
Measuring Instructions

- 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: ☐ Female ☐ Male	
Quantity & Item Code	
Qty	EC-LE- L / R
	EC-LE- L / R
Color: ☐ Beige L / R ☐ Black L / R	
Compression	
☐ 18 - 21mmHg L / R ☐ 23 - 32mmHg L / R	
☐ 34 - 46mmHg L / R	
Distal Foot Options	
Toe: ☐ Closed L / R ☐ Open L / R	
Finish: ☐ Slant L / R ☐ Straight L / R	
Modifications	
Qty	Pocket (select Place)
Place: ☐ Back Knee L / R ☐ Instep L / R	
Silicone (select Width and Place)	
Width: ☐ 3.5cm L / R ☐ 5cm L / R	
Place: ☐ Inside L / R ☐ 3/4 Inside L / R	
☐ Top L / R	
Zipper L / R (note start / end location below)	
Label Placement on Garment	
Place: ☐ Inside L / R ☐ Outside L / R	
Priority Production	
☐ Priority Production (additional fee)	
Comments	


Foot Lengths

A_c
Circumference at MTP

Y_c
Circumference at Instep / Heel

B
Floor to Narrowest Point of Ankle

B¹
Floor to Narrowest Point of Calf
Calf transition

C
Floor to Widest Point of Calf

D
Floor to Base of Patella

E
Floor to Mid-Patella

F
Floor to Mid-Thigh

G
Floor to Gluteal Fold

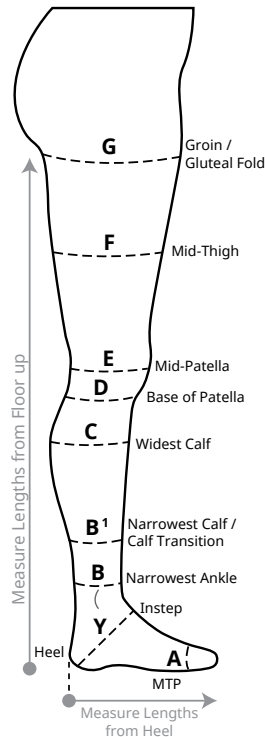
LEFT LEG MEASUREMENTS

CIRC <i>c</i>	LENGTH <i>ℓ</i>
G _c	G _ℓ
F _c	F _ℓ
E _c	E _ℓ
D _c	D _ℓ
C _c	C _ℓ
B ¹ _c	B ¹ _ℓ
B _c	B _ℓ
Y _c	
A _c	

LEFT

Lateral X _ℓ	
Medial X _ℓ	
Closed Toe Z _ℓ	

Please measure in centimeters



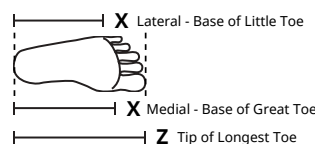
RIGHT LEG MEASUREMENTS

CIRC <i>c</i>	LENGTH <i>ℓ</i>
G _c	G _ℓ
F _c	F _ℓ
E _c	E _ℓ
D _c	D _ℓ
C _c	C _ℓ
B ¹ _c	B ¹ _ℓ
B _c	B _ℓ
Y _c	
A _c	

RIGHT

Lateral X _ℓ	
Medial X _ℓ	
Closed Toe Z _ℓ	

FOOT LENGTH MEASUREMENTS



Foot tracings are always appreciated