



ReadyWrap™ Custom Order Form

**LOWER
EXTREMITY**

L&R INTERNAL USE ONLY

1 Patient Information

Name: _____ Phone Number: _____ Age: _____ Height: _____ Weight: _____

Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

2 Garment Design

Extremity Right
Left

Style

Qty.

Beige Black

Custom Thigh

Custom Knee

Custom Calf

Custom Foot

Custom Toe

(Custom Toe Measurements form must accompany this form.)

For each ordered, a single appropriately-sized liner will be provided.
(Toe garments excluded.) Pairs are available for purchase separately.

+ Additional Liners (Sold in pairs. Black only.)

QTY.

___ Below Knee (A-D) for garments knee and below

___ Thigh High (A-G) for garments thigh and below

Liner size will correspond to garments ordered.
To specify size, contact the Custom Design Center.

Special Instructions:

☐ Exact Reorder of Order #: _____

4 Billing Information

☐ Quote Only

Business Name: _____

Phone: _____ Fax: _____

Contact Name & Phone: _____

Account #: _____ P.O. #: _____

Payment: Credit card (provide number below) Net 30

Card #: _____ Exp: ____/____/____ SID: _____

3 Measurements

(All measurements in centimeters)

Date taken: ____/____/____

C = Circumference

L = Length

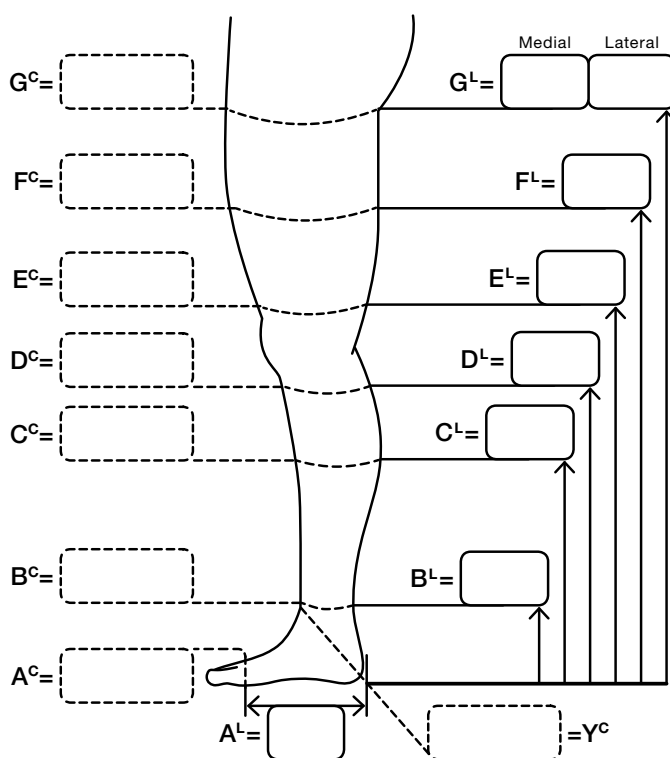


Diagram illustrating measurement points for a lower extremity garment. The diagram shows a side view of a leg with measurement points A through G. Circumference measurements (C) are indicated by dashed lines and boxes. Length measurements (L) are indicated by solid lines and boxes. Medial and Lateral measurements are also shown.

Measurement points and corresponding boxes:

- G^C = [] G^L = [] [] (Medial Lateral)
- F^C = [] F^L = []
- E^C = [] E^L = []
- D^C = [] D^L = []
- C^C = [] C^L = []
- B^C = [] B^L = []
- A^C = [] A^L = [] Y^C = []

Use Custom Toe Measurements Form to provide toe measurements.

5 Shipping Information

Shipping: Standard
Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Province: _____ Postal Code: _____

Email (for shipping notification): _____



ReadyWrap™ Custom Toe Measurements

This form must be accompanied by a ReadyWrap Custom Lower Extremity Order Form.

1 Order Information

Order Date: ____ / ____ / ____ P.O. #: _____

Contact: _____

Phone: _____ Fax: _____

Email: _____

2 Client Information

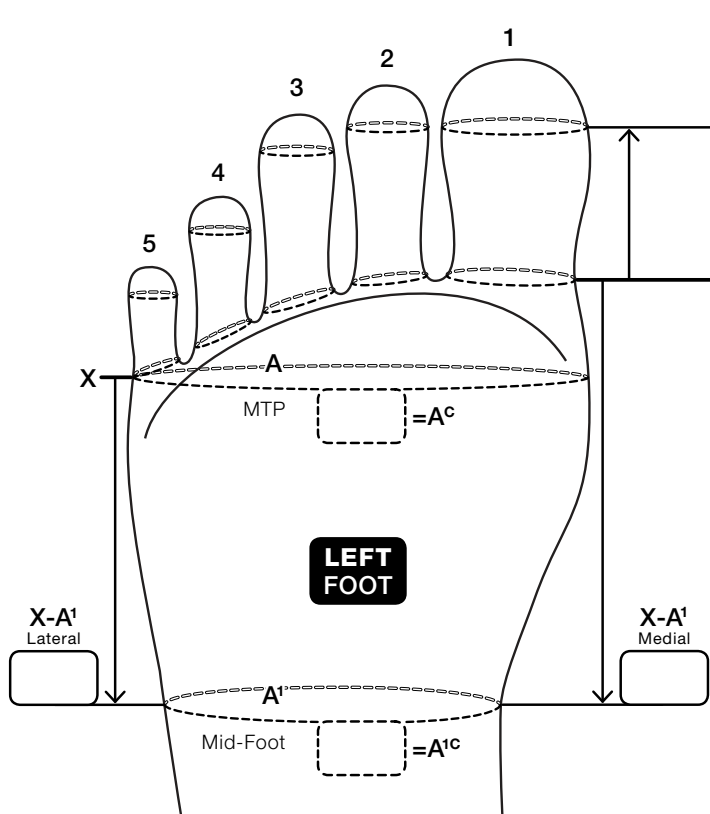
Name: _____

3 Measurements

(All measurements in centimeters)

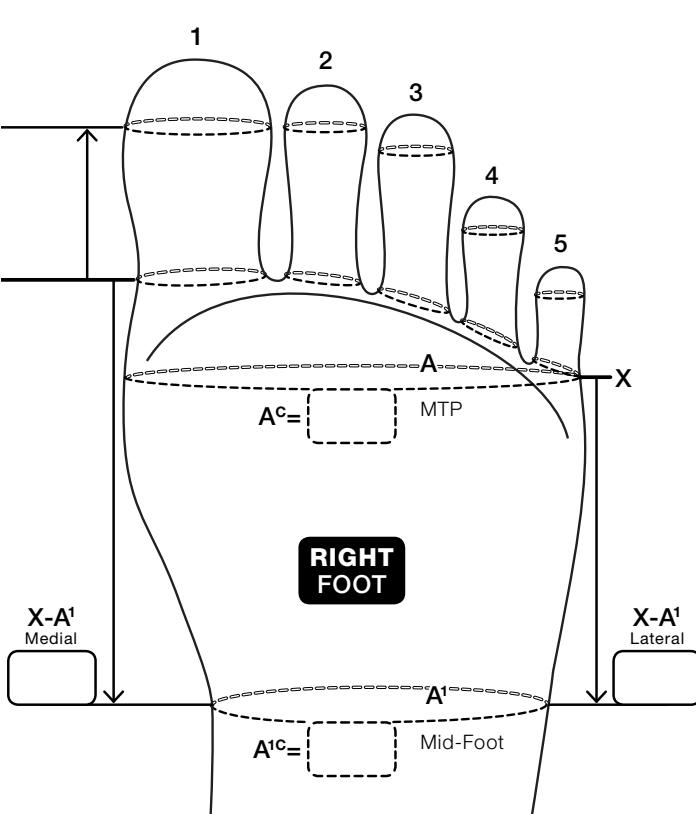
Date taken: ____ / ____ / ____

LEFT FOOT						RIGHT FOOT					
5	4	3	2	1	Z ^c X ^c X-Z ^L	1	2	3	4	5	
Distal ends of digits							Distal ends of digits				
Base of digits							Base of digits				
Base to Distal ends							Base to Distal ends				



LEFT FOOT

Measurements: X-A'^{Lateral}, X-A'^{Medial}, A^c, A^{1c}, Mid-Foot



RIGHT FOOT

Measurements: X-A'^{Medial}, X-A'^{Lateral}, A^c, A^{1c}, Mid-Foot

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