L&R

# 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 | Qty. 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:

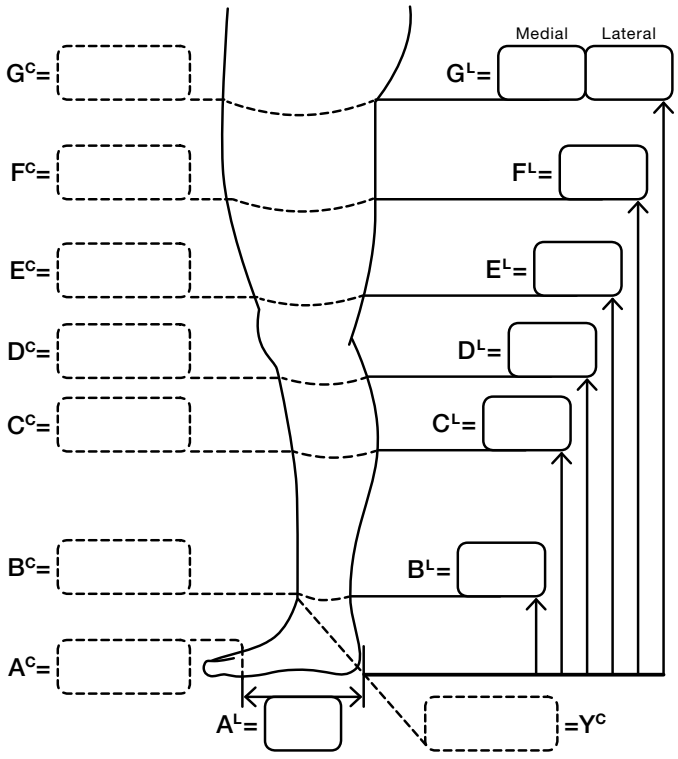
☐Exact Reorder of Order #: _____

## 3 Measurements

(All measurements in centimeters)

Date taken: ___ / ___ / ___

**C = Circumference** **L = Length**




Use **Custom Toe Measurements Form** to provide toe measurements.

## 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: ____

## 5 Shipping Information

Shipping: Standard
Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Province Zip: _____ Postal Code

Phone: _____

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

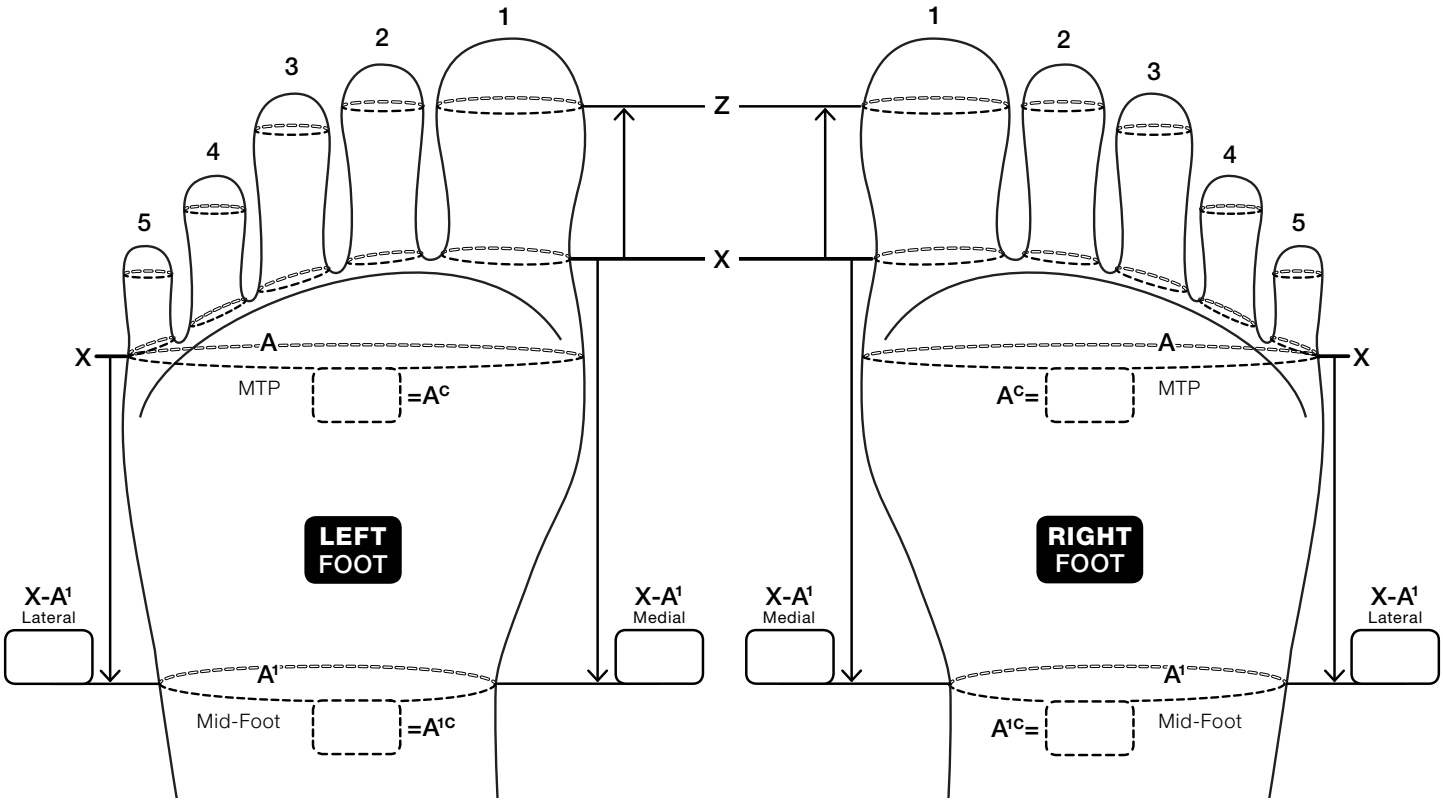
Name: _____

## 3 Measurements

(All measurements in centimeters)

Date taken: ___ / ___ / ___

| | LEFT FOOT 5 | 4 | 3 | 2 | 1 | | RIGHT FOOT 1 | 2 | 3 | 4 | 5 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Distal ends of digits | | | | | | $Z^C$ | | | | | | Distal ends of digits |
| Base of digits | | | | | | $X^C$ | | | | | | Base of digits |
| Base to Distal ends | | | | | | $X–Z^L$ | | | | | | Base to Distal ends |




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