

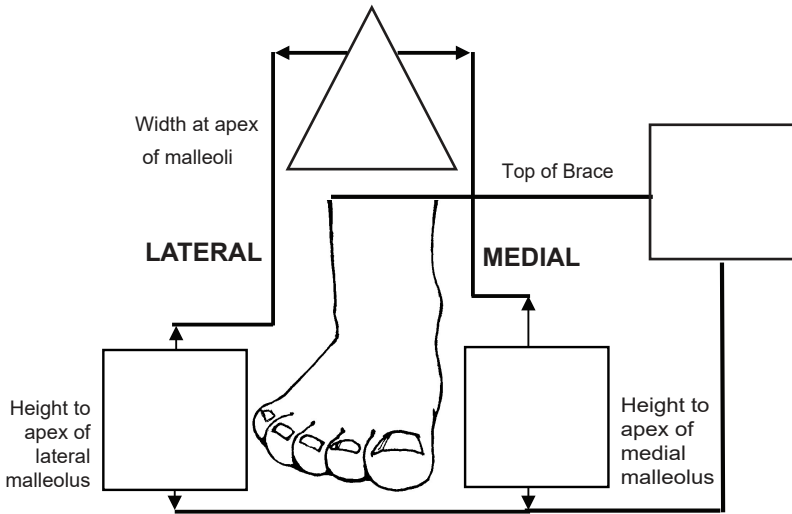
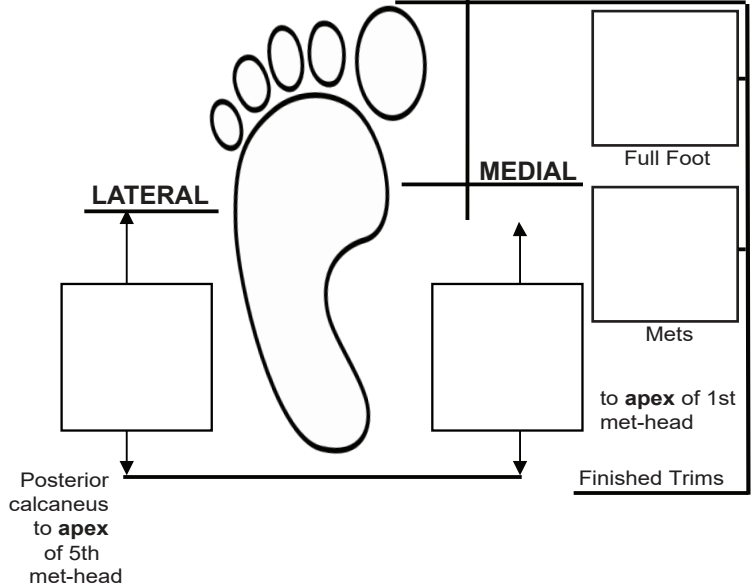
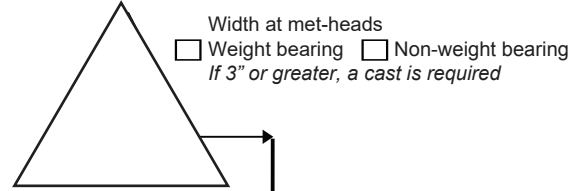
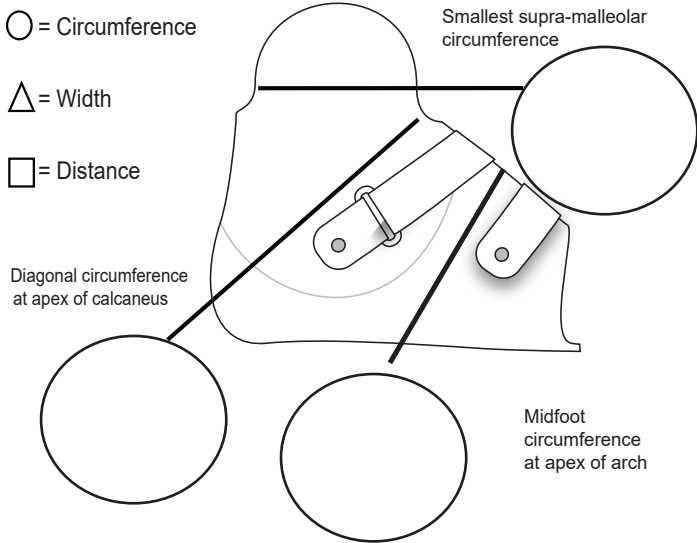
Customer Name _____
Practitioner _____
Address _____
Phone No. _____
Account No. _____

Patient Name _____
 Left Right Bilateral
Age _____ Sex _____ Height _____ Weight _____
Diagnosis _____
Date Required _____
PO _____

○ = Circumference

△ = Width

□ = Distance



Strap Options (See website for colors)

Strap Color: _____

Transfer Options

Transfer part # _____

No Cost Options

- Dorsal Chips Non Skid Sole Dacron Straps

Options (Additional charges apply)

- Answer 2 Keeping Pace Size _____
 Duraflex Inner Boot Additional Socks _____

SMO Style

- MEER KAT SMO CTM (Patients < 80 lbs.)
 MEER KAT SMO CTC (Patients over < 80 lbs.)

Special Modifications

