

Include this Order Information form with all ExoCustom orders

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		<input type="checkbox"/> Same as billing address
Ship to:		
Attention:		
Address:		
Address 2:		
City:		
State:	Zip:	
Email (for notifications):		
Shipping Method		
<input type="checkbox"/> Bus Ground	<input type="checkbox"/> Res Ground	<input type="checkbox"/> 2nd Day
<input type="checkbox"/> Overnight		

Include this Order Information form with all ExoCustom orders

ExoCustom™ Lower Extremity Measuring and Order Form

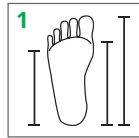


Measuring Instructions

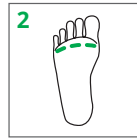
- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure with client standing and weight evenly distributed.
- Measure lengths straight, do not follow leg contours.

Ordering Information

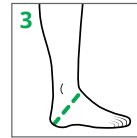
Date:	PO:
Customer / Account:	
Client / ID:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Quantity & Item Code	
Qty	EC-LE- L / R
	EC-LE- L / R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R	
Compression	
<input type="checkbox"/> 18 - 21mmHg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



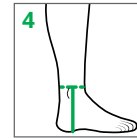
Foot Lengths



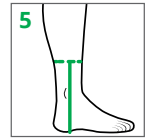
A_c
Circumference at MTP



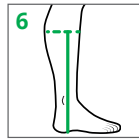
Y_c
Circumference at Instep / Heel



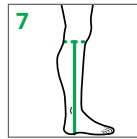
B
Floor to Narrowest Point of Ankle



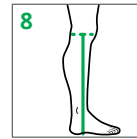
B¹
Floor to Narrowest Point of Calf Calf transition



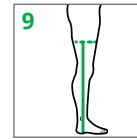
C
Floor to Widest Point of Calf



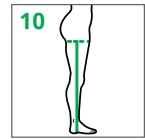
D
Floor to Base of Patella



E
Floor to Mid-Patella



F
Floor to Mid-Thigh



G
Floor to Gluteal Fold

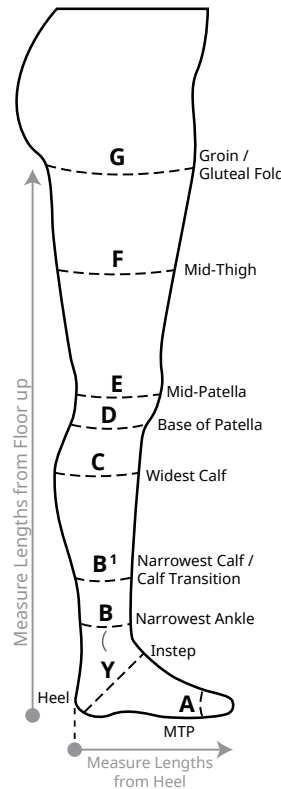
LEFT LEG MEASUREMENTS

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	

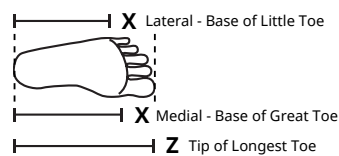
LEFT

Lateral X _ℓ	
Base of Little Toe	
Medial X _ℓ	
Base of Great Toe	
Closed Toe Z _ℓ	
Tip of Longest Toe	

Please measure in centimeters



FOOT LENGTH MEASUREMENTS



Foot tracings are always appreciated

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	
Base of Little Toe	
Medial X _ℓ	
Base of Great Toe	
Closed Toe Z _ℓ	
Tip of Longest Toe	