

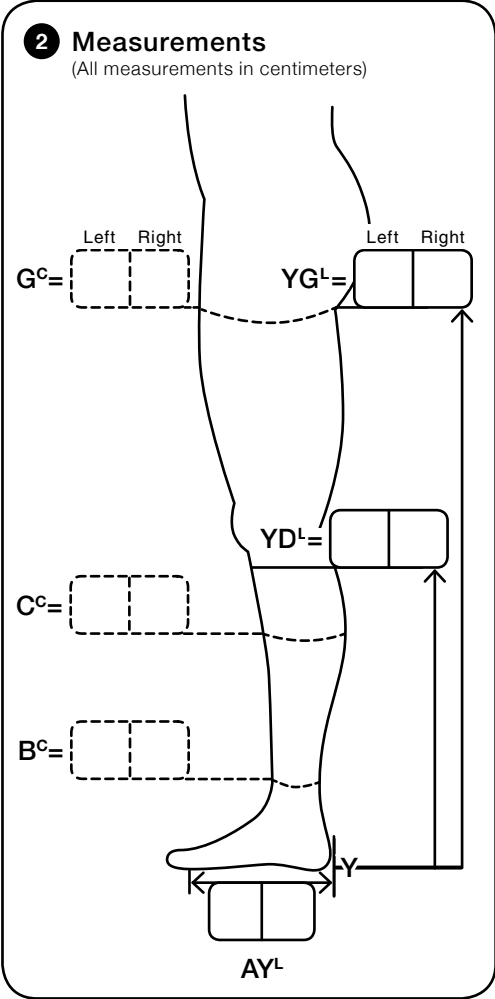


# ExoStrong™ Order Form

**LOWER EXTREMITY**

**1 Order Information**

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_  
 Fitter Last Name: \_\_\_\_\_ Fitter First Name: \_\_\_\_\_  
 Fitter Title: \_\_\_\_\_ (example PT/OT/PTA)  
 Date: \_\_\_\_\_



**4 Shipping**

Ground  2nd Day  Overnight

Ship to \_\_\_\_\_  
 Attn \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Zip/Postal code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email (for shipping notification) \_\_\_\_\_

**3 Products**  
 (All measurements in centimeters)

**ExoStrong Thigh High (sold individually)**

Size	Circumference			Length		Qty.	
	B <sup>c</sup>	C <sup>c</sup>	G <sup>c</sup>	AY <sup>L</sup>	YG <sup>L</sup>	Beige	Black
Small	18-20	27-36	41-55	up to 17	up to 71		
				up to 19	up to 74		
				up to 22	up to 77		
Medium	20-24	29-39	45-61	up to 17	up to 71		
				up to 19	up to 74		
				up to 22	up to 77		
Large	24-28	32-43	50-66	up to 17	up to 71		
				up to 19	up to 74		
				up to 22	up to 77		
X-Large	28-31	33-45	56-71	up to 17	up to 71		
				up to 19	up to 74		
				up to 22	up to 77		
XX-Large	32-34	37-50	66-81	up to 17	up to 71		
				up to 19	up to 74		
				up to 22	up to 77		

**ExoStrong Below Knee (sold individually)**

Size	Circumference		Length		Qty.	
	B <sup>c</sup>	C <sup>c</sup>	AY <sup>L</sup>	YD <sup>L</sup>	Beige	Black
Small	18-20	27-36	up to 17	up to 38		
			up to 19	up to 41		
			up to 22	up to 44		
Medium	20-24	29-39	up to 17	up to 38		
			up to 19	up to 41		
			up to 22	up to 44		
Large	24-28	32-43	up to 17	up to 38		
			up to 19	up to 41		
			up to 22	up to 44		
X-Large	28-31	33-45	up to 17	up to 38		
			up to 19	up to 41		
			up to 22	up to 44		
XX-Large	32-34	37-50	up to 17	up to 38		
			up to 19	up to 41		
			up to 22	up to 44		

All measurements in centimeters.