



ExoStrong™ Order Form

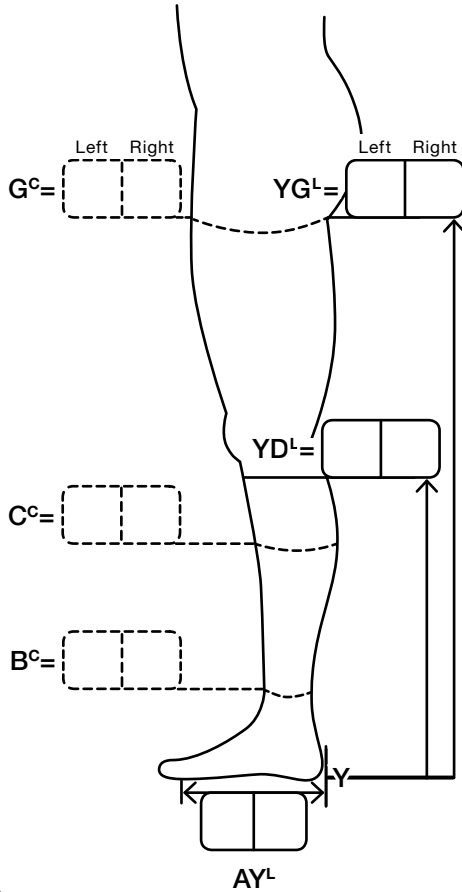
LOWER EXTREMITY

1 Order Information

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

2 Measurements

(All measurements in centimeters)



3 Products

(All measurements in centimeters)

ExoStrong Thigh High (sold individually)

Size	Circumference			Length		Qty.	
	B ^c	C ^c	G ^c	AY ^L	YG ^L	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 ^c	C ^c	AY ^L	YD ^L	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		

4 Shipping

Ground 2nd Day Overnight

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

All measurements in centimeters.