

MISCELLANEOUS LE

Patient _____ PO# _____ Diagnosis _____
Clinic _____ Due Date (Rush Fee May Apply) _____
Clinician _____ Height _____ Weight _____
Phone _____ Age _____ Sex _____ Shoe Size _____

PATIENT ID		INTERNAL USE - DO NOT FILL IN PATIENT ID
-------------------	--	---

Step 1: Device Type

Step 2: Modifications and Additions

Step 3: Order Notes and Special Requests

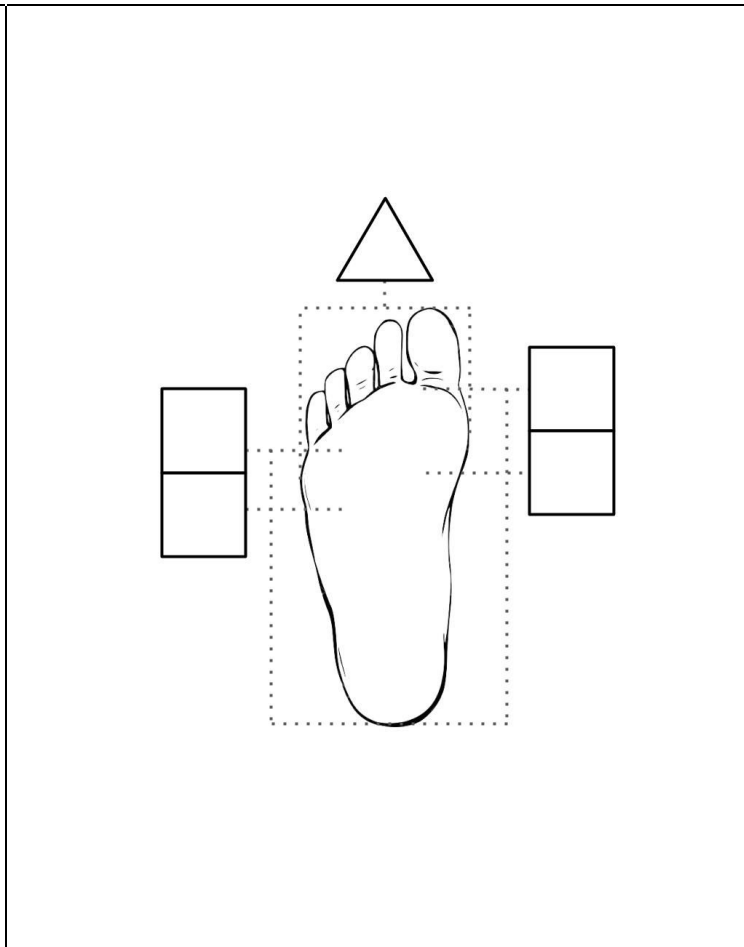
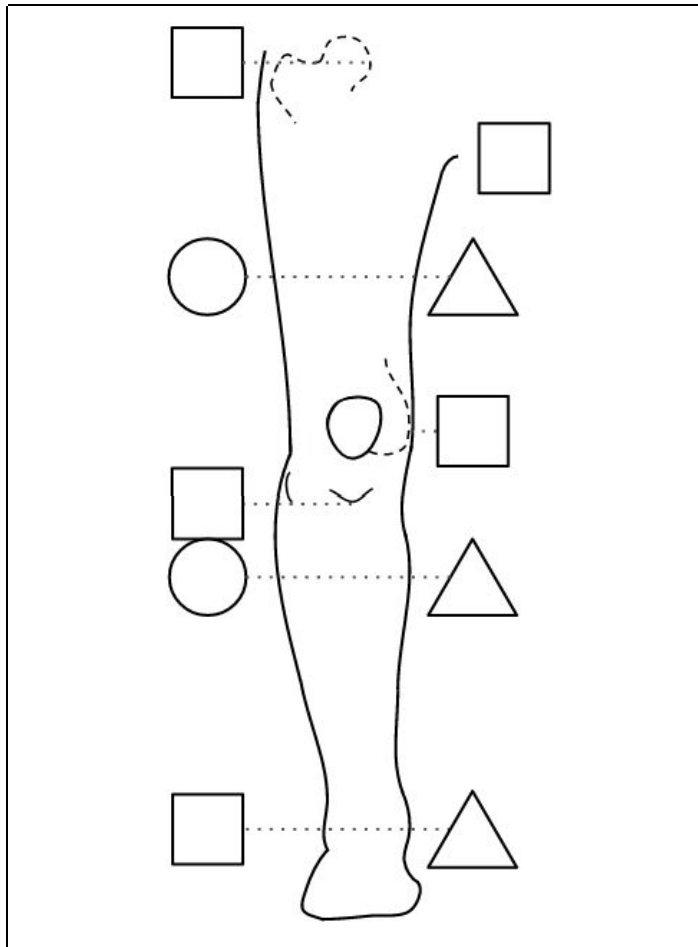


RECEIVED DATE	COMPLETED DATE

Step 4: Measurements

Measurements are not necessary, but will improve the accuracy of the final product.

Warranty information available at www.AODCFAB.com



INTERNAL USE - DO NOT WRITE BELOW

CUSTOMER COMMUNICATIONS