

Ordered by: _____ Phone # (_____) _____

BILLING: P.O. Number _____ Townsend Account # _____

Bill To: _____

Ship To: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____ Country: _____


State: _____ Zip Code: _____ Country: _____


Phone: (_____) _____ Fax: (_____) _____


Phone: (_____) _____ Fax: (_____) _____

Shipping Preference: Ground 2-Day P.M. 2-Day A.M. Next Day P.M. Next Day A.M.

(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.

SpryStep® 	Size	Quantity	
		Left	Right
		XS	
SM			
MD			
LG			
XL			

SpryStep® Max 	Size	Quantity	
		Left	Right
		XS	
SM			
MD			
LG			
XL			

SpryStep® Plus 	Size	Quantity	
		Left	Right
		XS	
SM			
MD			
LG			
XL			

Size	Height	Foot Plate Length
XS	11 ¾ inch	8 ½ — 9 ½ inch
SM	12 ½ inch	9 ½ — 10 ¼ inch
MD	13 ¾ inch	9 ¾ — 10 ⅞ inch
LG	14 ½ inch	10 ¼ — 11 ¾ inch
XL	15 inch	11 ¾ — 12 inch

Size	Height	Foot Plate Length
XS	13 ¼ inch	7 ¾ — 8 ½ inch
SM	14 ½ inch	8 ¼ — 9 inch
MD	15 ½ inch	9 — 10 inch
LG	16 ½ inch	10 — 10 ¾ inch
XL	16 ½ inch	10 ¾ — 11 ½ inch

Size	Height to Tib Tuberosity	Foot Plate Length	Calf circumference 1" below fibula head
XS	13 inch	8 ½ — 9 ½ inch	11 ½ — 14 ½ inch
S	14 ¼ inch	9 ½ — 10 ¼ inch	12 ¾ — 15 ¾ inch
M	15 ½ inch	9 ¾ — 10 ⅞ inch	13 ½ — 17 ½ inch
L	16 ¾ inch	10 ¼ — 11 ¾ inch	14 ¾ — 18 ¾ inch
XL	18 inch	11 ¾ — 12 inch	15 ½ — 20 ½ inch

Accessories

- Extra Shell Pad
- Extra Circumferential Strap

Note: The forefoot section can be trimmed with scissors: Approximately 1 inch can be taken off the toe end, and 1/2 to 1/4 inch can be trimmed from EACH side of the forefoot. The material that can be cut off the forefoot is tinted blue.

Please complete and fax this form to 800.798.2722 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 800.700.2722 between 6:00 a.m. and 4:00 p.m. (PST).

Please complete this section only when ordering a SpryStep® for a specific patient who may have unique requirements.

Patient's Last Name: _____

Patient's First Name: _____

Patient Shoe Size: _____

Notes: _____
