THUASNE SpryStep AFO

Specialty Bracing Solutions

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: ()
•	2-Day A.M. Next Day P.M. Next Day A.M. Day P.M.) Note: We do not ship products directly to patients.

Spr (Stop®	Size	Quantity	
Spry Step®		Left	Right
	XS		
Tone	SM		
	MD		
	LG		
	XL		

Compactor of Management	C :	Qua	ntity
Spry Step® Max	Size	Left	Right
))	XS		
	SM		
	MD		
	LG		
	XL		

SpryStep® & SpryStep® Flex				
Size	Height	Foot Plate Length		
XS	11¾ inch	8½ — 9% inch		
SM	12% inch	9 1/8 — 10 1/4 inch		
MD	13% inch	9 %— 10 % inch		
LG	14 1/8 inch	10 ¼ — 11 ¾ inch		
XL	15 inch	11 % — 12 inch		

SprySton® Floy	Size	Quantity	
SpryStep® Flex		Left	Right
	XS		
- Contract	SM		
	MD		
	LG		
	XL		

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

Spry Step® Max				
Size	Height	Foot Plate Length		
XS	13 ¼ inch	7 ¾ — 8 ½ inch		
SM	14½ inch	8 ¼ — 9 inch		
MD	15 ½ inch	9 — 10 inch		
LG	16½ inch	10 — 10 ¾ inch		
XL	16 ½ inch	10 ¾ — 11 ½ inch		

	SpryStep® Plus				
Size	Height to Tib Tuberosity	Foot Plate Length	Calf circumference 1" below fibula head		
XS	13 inch	8 ½ – 9 % inch	11 ½ – 14 ½ inch		
S	14 ¼ inch	9 % – 10 ¼ inch	12 ³ ⁄ ₄ – 15 ³ ⁄ ₄ inch		
M	15 ½ inch	9 % – 10 % 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:

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Pall	16111 Y	· FII ›	. 171	arne:

Patient Shoe Size: _____

Notes: _

Thuasne USA