

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

PO# _____ Billing Account #: _____ Shipping Account #: _____

Shipping Preference

- Ground
- Next Day A.M.
- Next Day P.M.
- 2-Day A.M.
- 2-Day P.M.

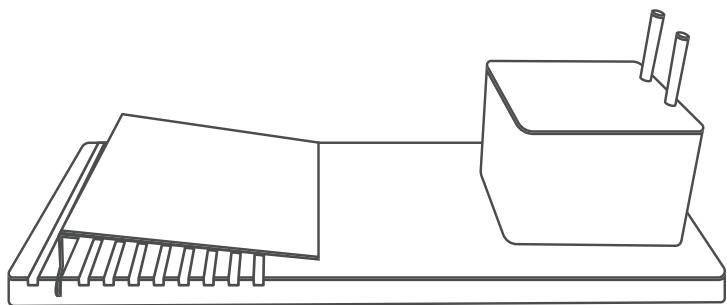
Billing Address: _____ Shipping Address: _____

City: _____ City: _____

State _____ Zip _____ State: _____ Zip: _____

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

Casting Block



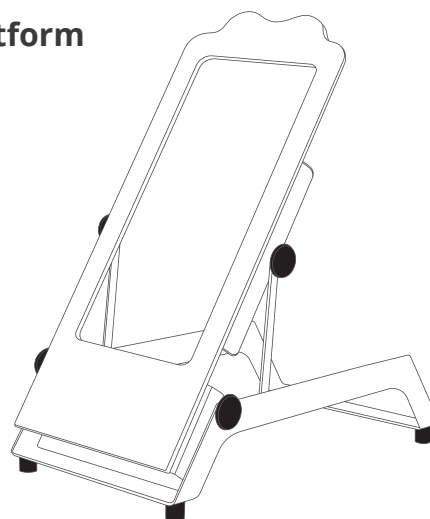
Casting block Qty: _____

Scanning Platform Qty: _____

Heel Height/Shoe Caliper Qty: _____

Special Instructions: _____

Scanning Platform



Heel Height/Shoe Caliper

