

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

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

Billing Address: _____ Shipping Address: _____

Shipping Preference

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

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.

Patient Information

Patient's Last Name: _____

Patient's First Name: _____

Plastic Shell Walkers *(With Aluminum Uprights)*

EZG8 *(standard height)*
Size/Quantity: XS _____ S _____ M _____ L _____ XL _____

EZG8-MC *(with shorter mid-calf struts)*
Size/Quantity: XS _____ S _____ M _____ L _____ XL _____

EZG8 *(with pneumatic bootie)*
Size/Quantity: XS _____ S _____ M _____ L _____ XL _____

EZG8-MC *(with pneumatic bootie)*
Size/Quantity: XS _____ S _____ M _____ L _____ XL _____

EZG8 ROM Walker *(with mid-calf struts)*
Size/Quantity: XS _____ S _____ M _____ L _____ XL _____

EZG8 ROM AIR Walker *(with adjustable ROM hinges and air bladder)*
Size/Quantity: S _____ M _____ L _____ XL _____

Plastic Full Shell Air Walker

XLR8 FH *(Full height with dual pneumatic bladders)*
Size/Quantity: S _____ M _____ L _____ XL _____

XLR8 MC *(Mid calf boot with dual pneumatic bladders)*
Size/Quantity: S _____ M _____ L _____ XL _____

Townsend PediWalker *(Children's Sizes)*

TD PediWalker *(with plastic shells and plastic struts)*
Size/Quantity: S _____ M _____ L _____

Please Indicate Accessories

EZG8 and XLR8 Wedge Kit* *(universal size)*
(angled heel wedge insert kit, for XLR8 and plastic shell walkers only)

Indoor Walker Sole Cover* *(keeps floors/carpets clean)*

Quantity: _____

Size	Men's Shoe Size	Women's Shoe Size	Children Shoe Size
XS	2 – 4	3 1/2 – 5	
SM	4 – 7	5 – 8	5 – 8
MD	7 – 10	8 – 11	8 – 13
LG	10 – 13	11 – 15	13 – 3
XL	13 – 16	15+	