

Contact Information

Clinician Fitter/Assistant/Tech Other: _____
 Name: _____
 Email: _____ Phone: _____

Ordering Clinician

CPO CO CP Other: _____
 Name: _____
 Email: _____ Phone: _____

Billing & Shipping

Billing Account#: _____
 Shipping Account#: _____

PO#:

Shipping Address: _____
 City: _____ State: _____ Zip: _____

Shipping Preference

Ground Next Day AM Next Day PM 2-Day AM 2-Day PM

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

Patient Information

Fit Date: _____ Patient ID: _____

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)

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+	

*Indicates additional charges apply

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Received Date Thuasne USA's shipping department use only