

Contact Information

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

Ordering Clinician

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

Billing & Shipping

PO#:

Billing Account#: _____
 Shipping Account#: _____

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)

- Select Walker** (standard height)
Size/Quantity: XS ____ S ____ M ____ L ____ XL ____
- Select Walker-MC** (with shorter mid-calf struts)
Size/Quantity: XS ____ S ____ M ____ L ____ XL ____
- Select Walker** (with pneumatic bootie)
Size/Quantity: XS ____ S ____ M ____ L ____ XL ____
- Select Walker-MC** (with pneumatic bootie)
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 ____

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	3½-5	
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

OF-055 REV E

Received Date Thuasne USA's shipping department use only