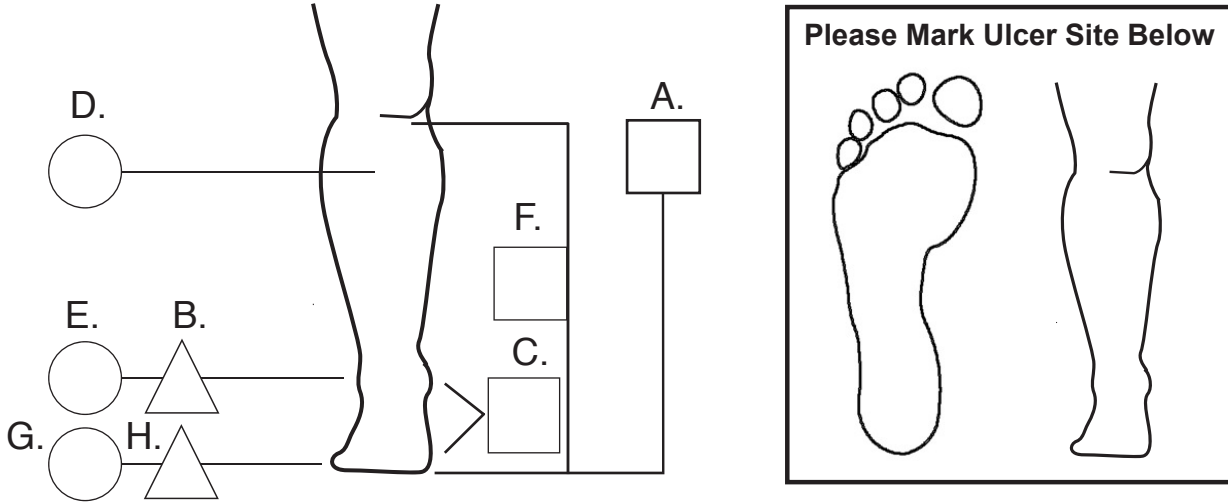


Advanced Diabetic Orthosis Orthometry Form

HEEL LEG FOREFOOT



LEFT RIGHT

MEASUREMENT LEGEND		
A = Brace Height	B = Ankle ML	C = Foot Length
D = Widest Calf Cir.	E = Ankle Cir.	F = Patella Tendon to Floor
G = Met Heads Cir.	H = Met Head ML	

ANTI-ROTATION BAR
(will incur an additional charge)

Patient ID: _____ Date: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Diagnosis: _____

Company: _____ P.O.#: _____

Ship to Address: _____

Bill to Address: _____

Contact: _____ Phone: _____

Date Required: _____ Ship Via: _____

Ship Date: _____

Fax This Form to 877.737.8445 or Call 877.737.8444

Include this form with negative cast.

*Items marked with an * will incur additional charges.

Ship To:

Orthomerica Products Inc.
6333 N. Orange Blossom Trail
Orlando, FL 32810

ORTHOMERICA®
877-737-8444 | orthomerica.com
© 2014 ORTHOMERICA PRODUCTS, INC.
ALL RIGHTS RESERVED 505-0000-253 Rev B