

Transmitted by

Tel Fax (.....) — Page(s) Date / /

PT - INFO

First Last Sex

US shoe size Width Prescribing Physician

If current user, indicate size (no tracing needed!)

Tracing Instructions

Step 1

Have your patient stand on a piece of paper




Step 2

Draw around both feet holding black ink pen perpendicular

Step 3

Fax/mail tracings with this order form

Orthopedic Ankle Support Boots by **künzli**

| qty | model/type | color | sole | size |
|-------|-------------------------------------------------------------------------------------------------------------|----------------|---------|------------|
| ..... | ORTHO White | white | xo | 2 - 13 |
| ..... | ORTHO Black | black | grypi | 2 - 13 |
| ..... | ORTHO Large  | anthrazit/grey | grypi | 7 - 12 |
| ..... | ORTHO Open | grey | grypi | 3 - 12 |
| ..... | ORTHO Rehab | white/grey | grypi | 3 - 12 |
| ..... | ORTHO Rehab Air | white | raster | 3 - 13 |
| ..... | ORTHO Rehab Total  | anthrazit/grey | rubrex | 7 1/2 - 12 |
| ..... | SAFARI Plus | brown | profile | 3 - 13 |
| ..... | ROCKY Plus | black | block | 3 - 13 |
| ..... | ROCKY High | black | block | 5 - 13 |
| ..... | ROCKY Steel  | black | block | 5 - 12 |

new models 

UPS SHIPPING INSTRUCTIONS

- Ground
 - 3 Day Select
 - 2nd Day Air
 - 2nd Day Air AM (by noon)
 - Next Day Air Saver (by 3:00 P.M.)
 - Next Day Air (by 10:30 A.M.)
- Business Residential

Other

Your comments ...

S Name

H Address

I City State Zip

P Tel (.....) — Ext

Fax (.....) —

B Claim # PO #

I Visa MC Amex Discover/Novus Exp date /

L Card #

L Attn

Company

Dept

Address

City State Zip

Tel (.....) — Ext

Fax (.....) —

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