



L&R INTERNAL USE ONLY

ExoStrong™ Order Form **LOWER EXTREMITY**

1 Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
 P.O. #: _____ Email: _____ Fax: _____

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Card #: _____ Exp: ____ / ____ SID: _____

3 Shipping Information

Same Address as Billing

Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Shipping: Ground 2nd Day Overnight

4 Products

ExoStrong Thigh High (sold individually)

Length			Size					Options		Qty.	
										Beige	Black
Short	Average	Tall	S	M	L	XL	XXL				
Short	Average	Tall	S	M	L	XL	XXL				
Short	Average	Tall	S	M	L	XL	XXL				
Short	Average	Tall	S	M	L	XL	XXL				
Short	Average	Tall	S	M	L	XL	XXL				
Short	Average	Tall	S	M	L	XL	XXL				

ExoStrong Below Knee (sold individually)

Length			Size					Options		Qty.	
										Beige	Black
Short	Average	Tall	S	M	L	XL	XXL	Knit Top	Silicone Top		
Short	Average	Tall	S	M	L	XL	XXL	Knit Top	Silicone Top		
Short	Average	Tall	S	M	L	XL	XXL	Knit Top	Silicone Top		
Short	Average	Tall	S	M	L	XL	XXL	Knit Top	Silicone Top		
Short	Average	Tall	S	M	L	XL	XXL	Knit Top	Silicone Top		
Short	Average	Tall	S	M	L	XL	XXL	Knit Top	Silicone Top		

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.