



L&R INTERNAL USE ONLY

# ReadyWrap™ Custom Order Form

**LOWER EXTREMITY**

## 1 Patient Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Therapist/Fitter: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 2 Garment Design

Extremity  Right  Left

Style

Qty.

Beige Black

	Beige	Black
Custom Thigh		
Custom Knee		
Custom Calf		
Custom Foot		
Custom Toe (Custom Toe Measurements form must accompany this form.)		

For each ordered, a single appropriately-sized liner will be provided. (Toe garments excluded.) Pairs are available for purchase separately.

Additional Liners (Sold in pairs. Black only.)

QTY.

\_\_\_ Below Knee (A-D) for garments knee and below

\_\_\_ Thigh High (A-G) for garments thigh and below

Liner size will correspond to garments ordered. To specify size, contact the Custom Design Center.

Special Instructions:

Exact Reorder of Order #: \_\_\_\_\_

## 4 Billing Information

Quote Only

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name & Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ P.O. #: \_\_\_\_\_

Payment:  Credit card (provide number below)  Net 30

Card #: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ SID: \_\_\_\_\_

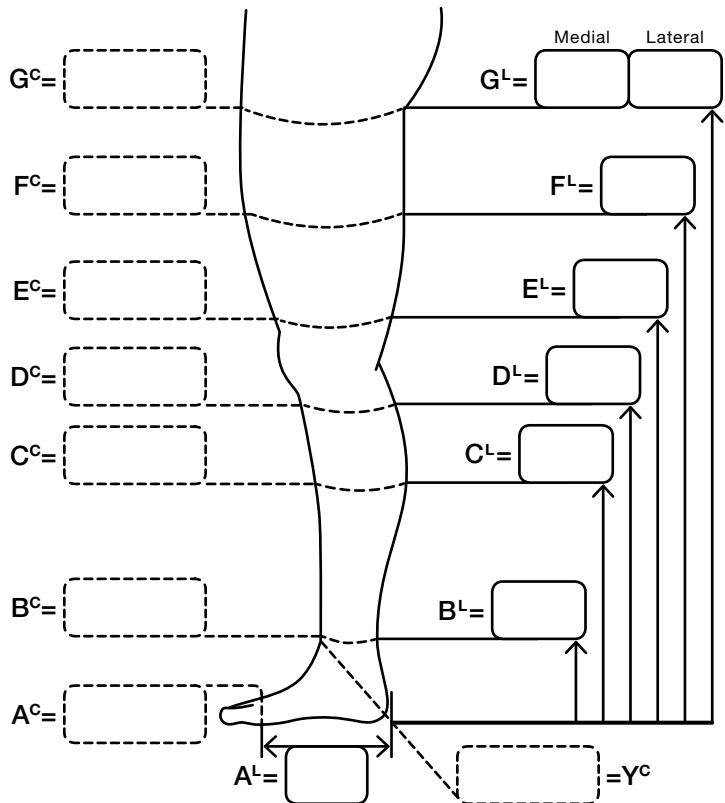
## 3 Measurements

Date taken: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(All measurements in centimeters)

C = Circumference

L = Length



Use Custom Toe Measurements Form to provide toe measurements.

## 5 Shipping Information

Shipping:  Standard  Priority Requested Delivery Date: \_\_\_\_\_

Ship to: \_\_\_\_\_

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Province Postal Code

Phone: \_\_\_\_\_

Email (for shipping notification): \_\_\_\_\_

Fax completed order to 414-892-4150 or email to customdesigncenter@us.LRmed.com

L&R USA INC. will reply with an order confirmation and cost. Questions? Call Custom Design Center at 1-414-892-5158.



# ReadyWrap™ Custom Toe Measurements

This form must be accompanied by a ReadyWrap Custom Lower Extremity Order Form.

## 1 Order Information

Order Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ P.O. #: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

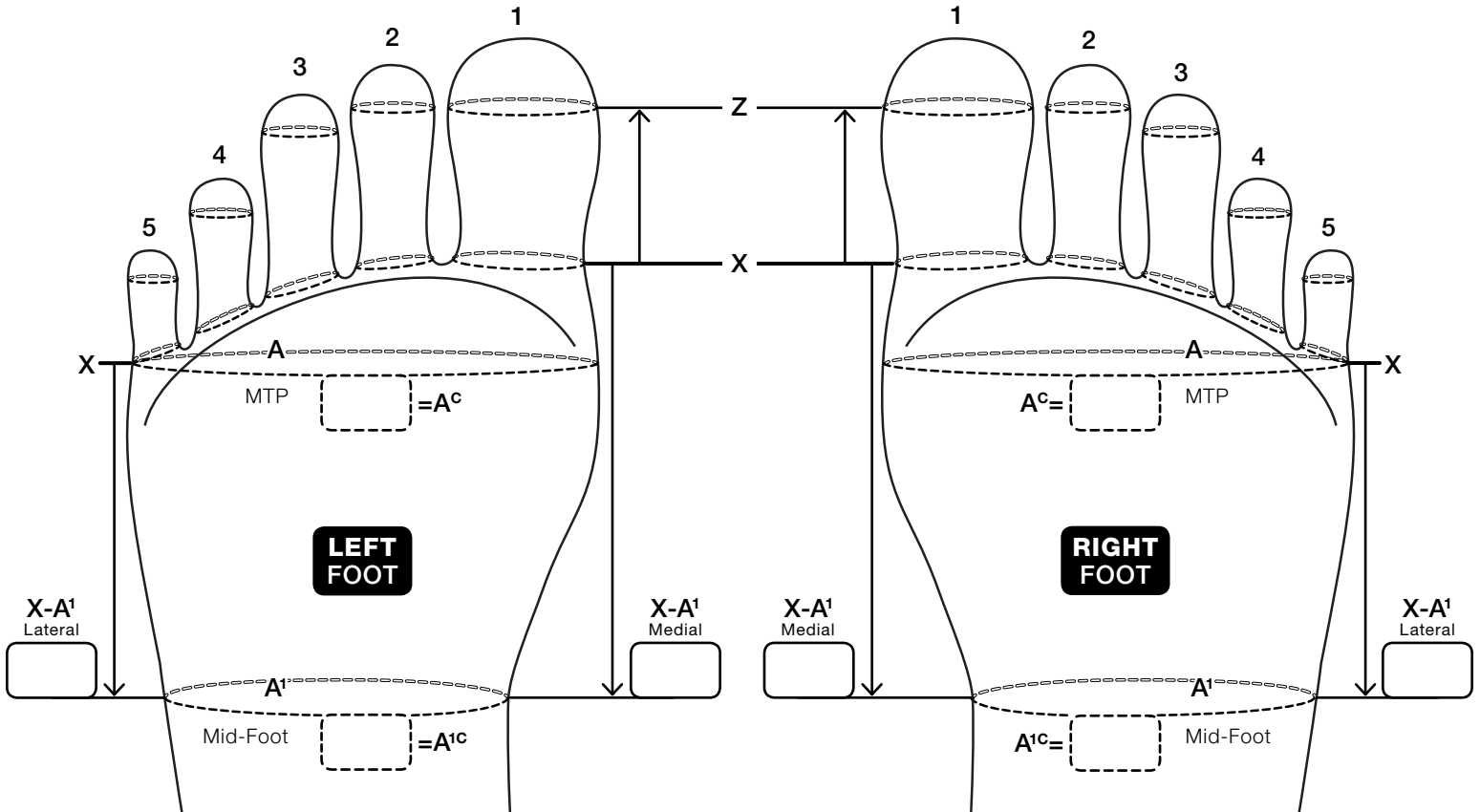
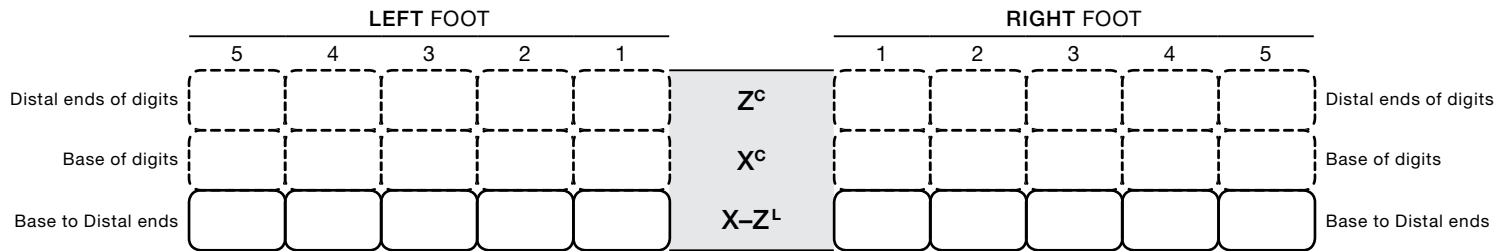
## 2 Client Information

Name: \_\_\_\_\_

## 3 Measurements

(All measurements in centimeters)

Date taken: \_\_\_\_/\_\_\_\_/\_\_\_\_



This form must be accompanied by a ReadyWrap Custom Lower Extremity Order Form.