



L&R INTERNAL USE ONLY

ExoAnklet™ Order Form

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

(All measurements in centimeters)

ExoAnklet

sold in pairs, black only

Size	Circumference			Length Foot (Z ⁺)	Item No.	Qty.
	MTP (A ^o)	Ankle (B ^o)	Heel (Y ^o)			
Regular						
Small	20–24	18–22	27–33	23–26	136805	
Medium	22–26	22–26	29.5–35.5		136806	
Large	24–28	26–31	32–38		136807	
X-Large	26.5–30.5	31–36.5	34.5–40.5		136808	
XX-Large	29–33	36.5–41.5	37–43		136809	
Long						
Small	20–24	18–22	27–33	26–29	136810	
Medium	22–26	22–26	29.5–35.5		136811	
Large	24–28	26–31	32–38		136812	
X-Large	26.5–30.5	31–36.5	34.5–40.5		136813	
XX-Large	29–33	36.5–41.5	37–43		136814	

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