



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<br>(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: \_\_\_\_\_

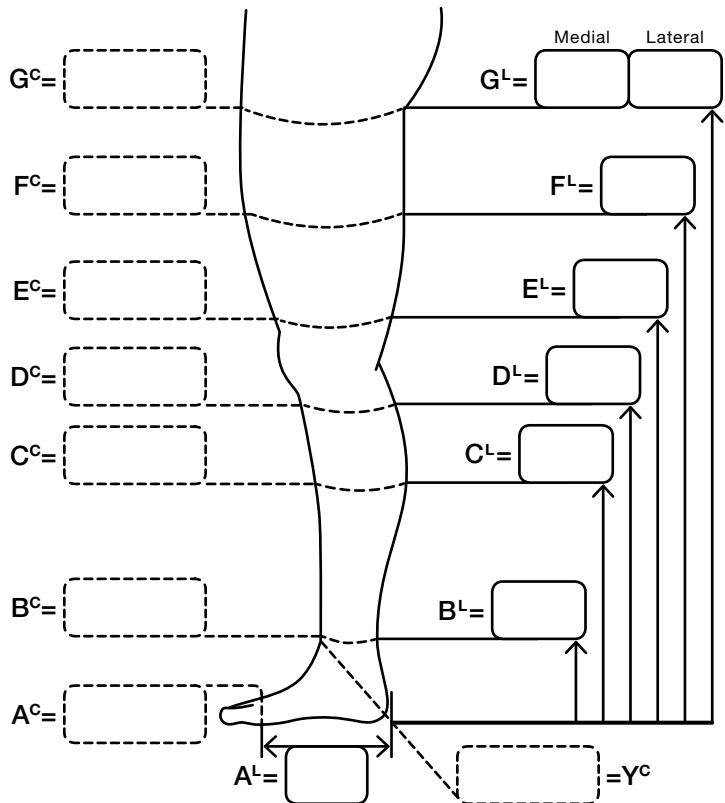
## 3 Measurements

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: \_\_\_\_\_

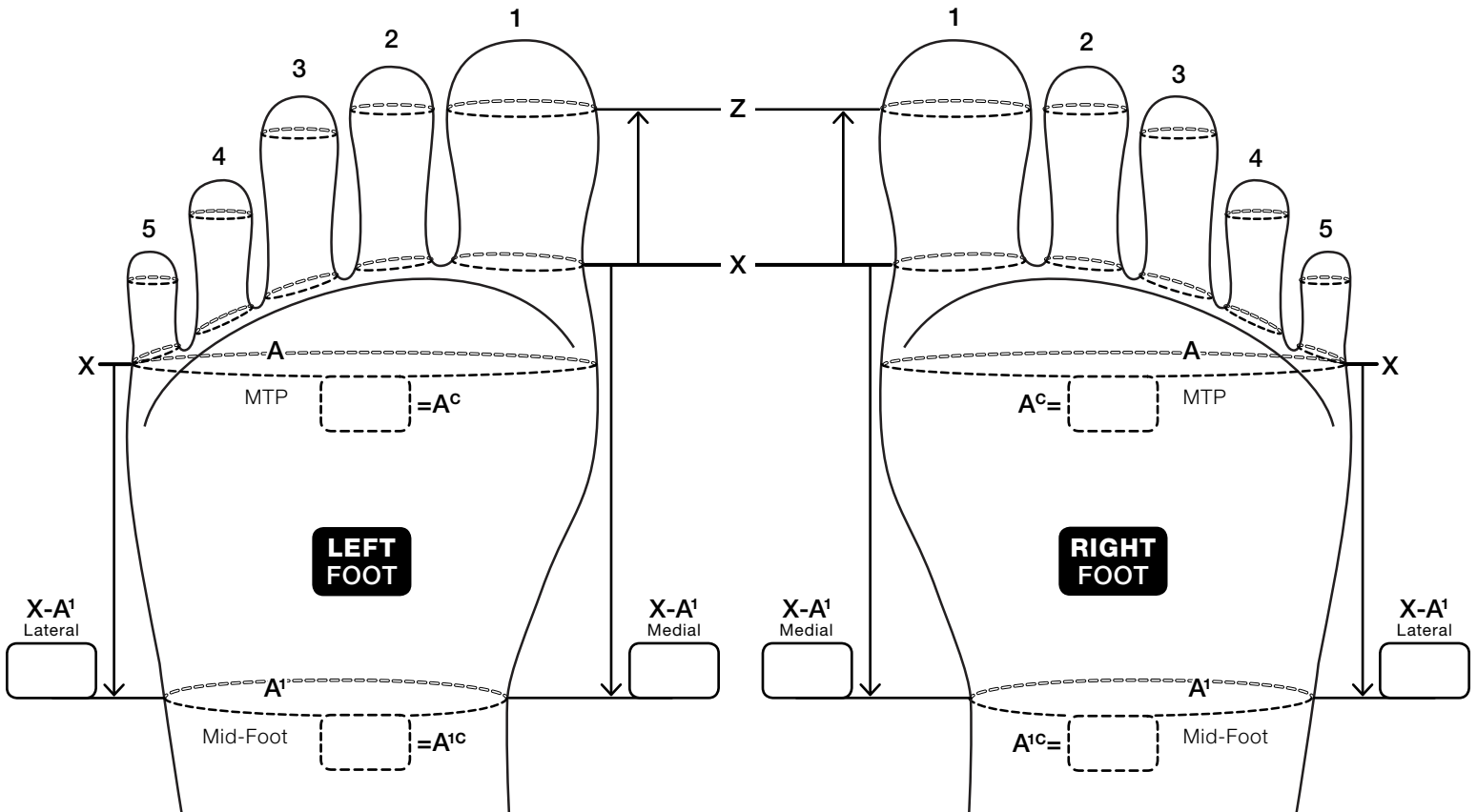
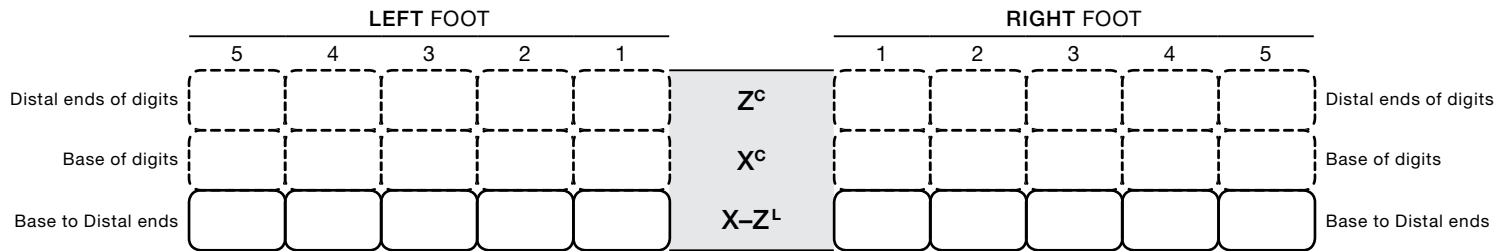
## 2 Client Information

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

## 3 Measurements

(All measurements in centimeters)

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



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