

ExoCustom™
Order Information Form



3880 W Wheelhouse Road
 Milwaukee, WI 53208
 Tel: (855) 892-4140

Include this Order Information form with all ExoCustom orders

1. Order Information	
Date:	PO #:
<input type="checkbox"/> Original order <input type="checkbox"/> Reorder w/ changes <input type="checkbox"/> Exact reorder	
Fax / Email (for confirmation):	
Measured By (for order questions)	
Name:	
Facility:	
Phone / Email:	

2. Client Information	
Name / ID:	
Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male

Comments

3. Billing Information	
Account #:	
Bill to:	
Attention:	
Address:	
Address 2:	
City:	
State:	Zip:
Phone:	
Email:	
Credit Card Information (if applicable)	
#:	
Exp Date: / /	SID:

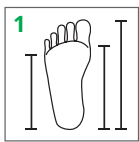
4. Shipping Information <input type="checkbox"/> Same as billing address	
Ship to:	
Attention:	
Address:	
Address 2:	
City:	
State:	Zip:
Email (for notifications):	
Shipping Method	
<input type="checkbox"/> Bus Ground <input type="checkbox"/> Res Ground <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight	

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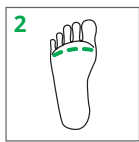
ExoCustom™ Lower Extremity Measuring and Order Form

Measuring Instructions

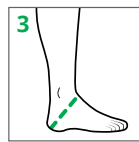
- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure with client standing and weight evenly distributed.
- Measure lengths straight, do not follow leg contours.



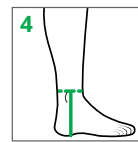
Foot Lengths



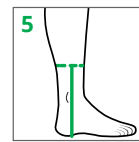
A_c
Circumference at MTP



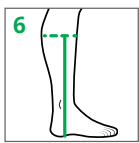
Y_c
Circumference at Instep / Heel



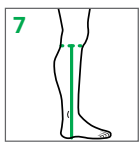
B
Floor to Narrowest Point of Ankle



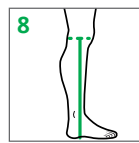
B¹
Floor to Narrowest Point of Calf
Calf transition



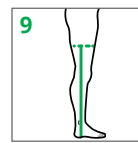
C
Floor to Widest Point of Calf



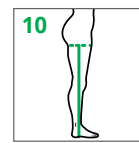
D
Floor to Base of Patella



E
Floor to Mid-Patella



F
Floor to Mid-Thigh



G
Floor to Gluteal Fold

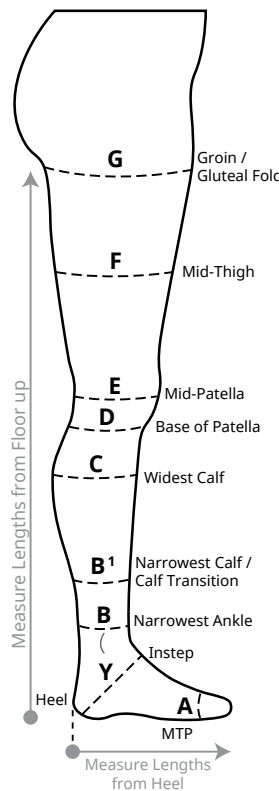
Ordering Information

Date:	PO:
Customer / Account:	
Client / ID:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Quantity & Item Code	
Qty	EC-LE- L / R
	EC-LE- L / R
Color: <input type="checkbox"/> Beige L / R <input type="checkbox"/> Black L / R	
Compression	
<input type="checkbox"/> 18 - 21mmHg L / R <input type="checkbox"/> 23 - 32mmHg L / R	
<input type="checkbox"/> 34 - 46mmHg L / R	
Distal Foot Options	
Toe: <input type="checkbox"/> Closed L / R <input type="checkbox"/> Open L / R	
Finish: <input type="checkbox"/> Slant L / R <input type="checkbox"/> Straight L / R	
Modifications	
Qty	Pocket (select Place)
Place: <input type="checkbox"/> Back Knee L / R <input type="checkbox"/> Instep L / R	
Silicone (select Width and Place)	
Width: <input type="checkbox"/> 3.5cm L / R <input type="checkbox"/> 5cm L / R	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> 3/4 Inside L / R	
<input type="checkbox"/> Top L / R	
Zipper L / R (note start / end location below)	
Label Placement on Garment	
Place: <input type="checkbox"/> Inside L / R <input type="checkbox"/> Outside L / R	
Priority Production	
Priority Production (additional fee)	
Comments	

LEFT LEG MEASUREMENTS

CIRC <i>c</i>	LENGTH <i>ℓ</i>
G _c <input type="text"/>	G _ℓ <input type="text"/>
F _c <input type="text"/>	F _ℓ <input type="text"/>
E _c <input type="text"/>	E _ℓ <input type="text"/>
D _c <input type="text"/>	D _ℓ <input type="text"/>
C _c <input type="text"/>	C _ℓ <input type="text"/>
B ¹ _c <input type="text"/>	B ¹ _ℓ <input type="text"/>
B _c <input type="text"/>	B _ℓ <input type="text"/>
Y _c <input type="text"/>	
A _c <input type="text"/>	

Please measure in centimeters

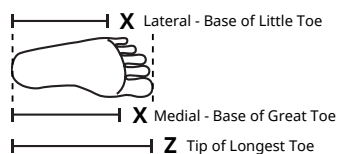


RIGHT LEG MEASUREMENTS

CIRC <i>c</i>	LENGTH <i>ℓ</i>
G _c <input type="text"/>	G _ℓ <input type="text"/>
F _c <input type="text"/>	F _ℓ <input type="text"/>
E _c <input type="text"/>	E _ℓ <input type="text"/>
D _c <input type="text"/>	D _ℓ <input type="text"/>
C _c <input type="text"/>	C _ℓ <input type="text"/>
B ¹ _c <input type="text"/>	B ¹ _ℓ <input type="text"/>
B _c <input type="text"/>	B _ℓ <input type="text"/>
Y _c <input type="text"/>	
A _c <input type="text"/>	

FOOT LENGTH MEASUREMENTS

LEFT	
Lateral X ℓ <input type="text"/>	Base of Little Toe
Medial X ℓ <input type="text"/>	Base of Great Toe
Closed Toe Z ℓ <input type="text"/>	Tip of Longest Toe



Foot tracings are always appreciated

RIGHT	
Lateral X ℓ <input type="text"/>	Base of Little Toe
Medial X ℓ <input type="text"/>	Base of Great Toe
Closed Toe Z ℓ <input type="text"/>	Tip of Longest Toe