

ExoSoft™ Order Form

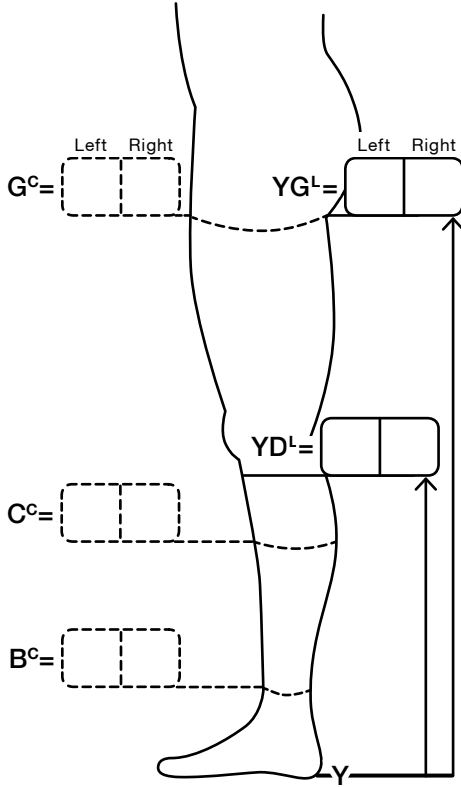
LOWER EXTREMITY

1 Order Information

Patient Last Name: _____ Patient First Name: _____
 Fitter Last Name: _____ Fitter First Name: _____
 Fitter Title: _____ (example PT/OT/PTA)
 Date: _____

2 Measurements

(All measurements in centimeters)



3 Products

(All measurements in centimeters)

ExoSoft Thigh High (sold individually, closed toe, silicone top only)

Size	Circumference			Length YG ^L	Qty.	
	B ^C	C ^C	G ^C		Beige	Black
15-20 mmHg						
Small	18-20	27-37	41-56	up to 73		
Medium	20-24	29-39	45-61	up to 76		
Large	24-28	32-43	50-66	up to 78		
X-Large	28-31	35-45	56-71	up to 81		
20-30 mmHg						
Small	18-20	27-37	41-56	up to 73		
Medium	20-24	29-39	45-61	up to 76		
Large	24-28	32-43	50-66	up to 78		
X-Large	28-31	35-45	56-71	up to 81		

ExoSoft Below Knee (sold individually, knit top only)

Size	Circumference		Length YD ^L	Toe Options	Qty.	
	B ^C	C ^C			Beige	Black
15-20 mmHg						
Small	18-20	27-37	up to 40	<input type="checkbox"/> Open <input type="checkbox"/> Closed		
Medium	20-24	29-39	up to 43	<input type="checkbox"/> Open <input type="checkbox"/> Closed		
Large	24-28	32-43	up to 45	<input type="checkbox"/> Open <input type="checkbox"/> Closed		
X-Large	28-31	35-45	up to 48	<input type="checkbox"/> Open <input type="checkbox"/> Closed		
20-30 mmHg						
Small	18-20	27-37	up to 40	<input type="checkbox"/> Open <input type="checkbox"/> Closed		
Medium	20-24	29-39	up to 43	<input type="checkbox"/> Open <input type="checkbox"/> Closed		
Large	24-28	32-43	up to 45	<input type="checkbox"/> Open <input type="checkbox"/> Closed		
X-Large	28-31	35-45	up to 48	<input type="checkbox"/> Open <input type="checkbox"/> Closed		

4 Shipping

Ground 2nd Day Overnight

Ship to _____
 Attn _____
 Street _____
 City _____
 State/Province _____ Zip/Postal code _____
 Phone _____
 Email (for shipping notification) _____

All measurements in centimeters.