

Account No. \_\_\_\_\_

Date Received \_\_\_\_\_



Orthopedic & Sports Medicine  
P.O. Box 832 Santa Paula, CA 93061-0832  
In CA: (800)221-5465 National: (800)654-3241  
Fax: (800)559-5975

# SPORTS MEDICINE CUSTOM ORDER FORM

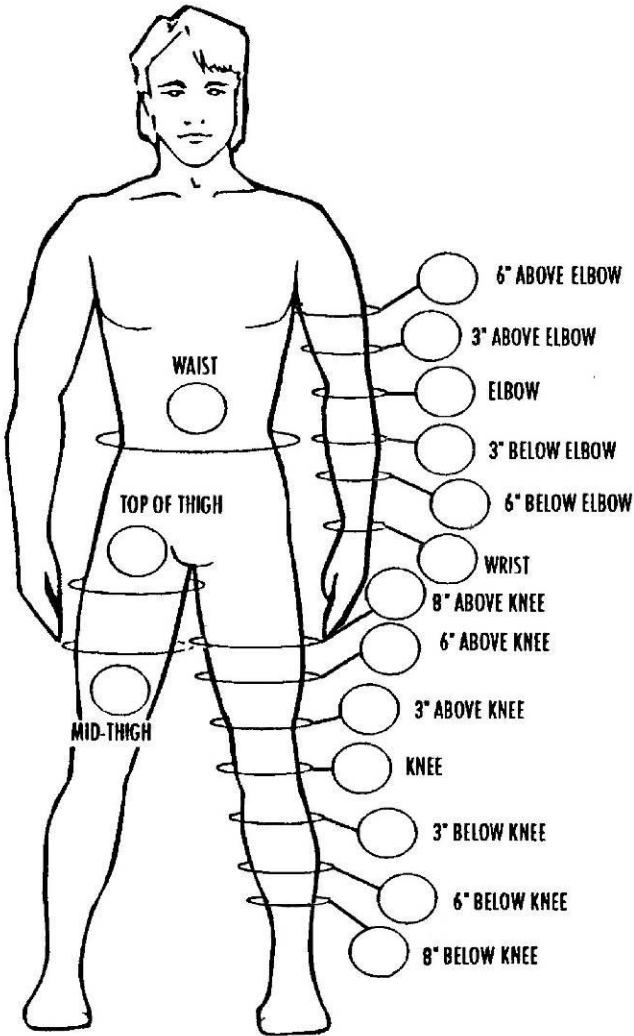
**INVOICE TO:**  
 NAME \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_

**SHIP TO:**  
 NAME \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_

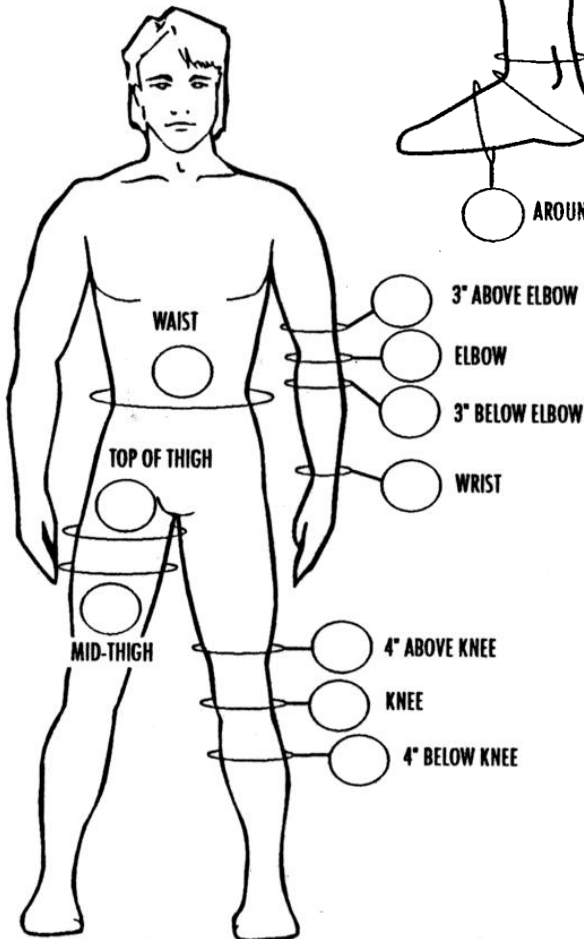
FAX/SEND DATE	MEASURED BY	STYLE NO.	DESCRIPTION
COLOR	SPECIAL INSTRUCTIONS:		P.O. NO.

CUSTOMER NAME	HEIGHT _____ feet _____ inches	WEIGHT _____ Lbs.	AGE ( <i>Helpful in determining fit</i> )
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## FOOT/ANKLE MEASUREMENTS



**ADULT MEASUREMENTS**



**YOUTH/PETITE ADULT MEASUREMENTS**

