

Today's Date: _____

No Casting

Patient


Patient name:	DOB:	Parent / Guardian name:
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Product

HotDog® 2 layers of laminated foam

Qty	Foot	Length 4.00-12.25 in. (.25 in. increments)	Width	Fill Arches? add \$5 per foot	Flatten Toe Rise?
	<input type="checkbox"/> PAIR <input type="checkbox"/> Left <input type="checkbox"/> Right		<input type="checkbox"/> Wide <input type="checkbox"/> Narrow	<input type="checkbox"/> Soft foam <input type="checkbox"/> Medium foam	<input type="checkbox"/> Yes


Notes:



PattiBob® 1 layer of foam + 1 layer of plastic

Qty	Foot	Length 4.00-12.25 in. (.25 in. increments)	Width	Fill Arches? add \$5 per foot	Flatten Toe Rise?
	<input type="checkbox"/> PAIR <input type="checkbox"/> Left <input type="checkbox"/> Right		<input type="checkbox"/> Wide <input type="checkbox"/> Narrow	<input type="checkbox"/> Soft foam <input type="checkbox"/> Medium foam	<input type="checkbox"/> Yes

Notes:



Payment Options

<input type="checkbox"/> Facility Billing (Practitioner)	Account Name / #:	PO #:	<input type="checkbox"/> C.C. On File
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OR

<input type="checkbox"/> Insurance Billing (Parent / Guardian / Practitioner)	UCAN N°:
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OR

<input type="checkbox"/> Direct Purchase (Parent / Guardian)	<input type="checkbox"/> Check Attached	Credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	Cardholder's phone:
Credit Card N°:	Exact name on card:	Exp. Date:	V-Code:

For current product pricing & shipping costs, please call our Customer Service staff at: 800-848-7332.

Billing

Name:
Facility:
Street address:
City: State: Zip:
Phone:
Email:

Shipping

<input type="checkbox"/> Same as Billing Information
Shipping contact name:
Street address:
City: State: Zip:
Phone:
Email: