

**Seamless, wrinkle-free socks for AFOs**

- Designed for AFO applications.
- Completely seamless heel and toe.
- Extra long to provide full coverage.
- Corespun Dupont Coolmax yarn provides superior wicking and ensures a wrinkle-free fit.
- Microsafe fibers incorporated into the sock prevent growth of bacteria.



| Size          | Dimensions (unstretched) | Approx. Shoe Size                                 | Style    | Color   | Unit Price (per pair) | Quantity | Total Price |
|---------------|--------------------------|---|----------|---|-----------------------|----------|-------------|
| Infant        | 2 x 9 in.                | up to child's 1                                   | Standard | <input type="checkbox"/> white <input type="checkbox"/> pink<br><input type="checkbox"/> black <input type="checkbox"/> purple<br><input type="checkbox"/> gray <input type="checkbox"/> navy | \$8.00                |          |             |
|               |                          |   | Toe Sock | <input type="checkbox"/> white  | 8.50                  |          |             |
| Child Small   | 2¼ x 11 in.              | child's 1½ – 7                                    | Standard | <input type="checkbox"/> white <input type="checkbox"/> pink<br><input type="checkbox"/> black <input type="checkbox"/> purple<br><input type="checkbox"/> gray <input type="checkbox"/> navy | 8.00                  |          |             |
|               |                          |   | Toe Sock | <input type="checkbox"/> white  | 8.50                  |          |             |
| Child Regular | 2½ x 14 in.              | child's 7½ – 13                                   | Standard | <input type="checkbox"/> white <input type="checkbox"/> pink<br><input type="checkbox"/> black <input type="checkbox"/> purple<br><input type="checkbox"/> gray <input type="checkbox"/> navy | 8.00                  |          |             |
|               |                          |   | Toe Sock | <input type="checkbox"/> white  | 8.50                  |          |             |
| Adult Small   | 3 x 18 in.               | child's 13½ +<br>up to women's 9<br>up to men's 8 | Standard | <input type="checkbox"/> white<br><input type="checkbox"/> black<br><input type="checkbox"/> gray   | 12.00                 |          |             |
|               |                          |   | Toe Sock | <input type="checkbox"/> white  | 12.50                 |          |             |
| Adult Regular | 3½ x 20 in.              | women's 9½ +<br>men's 8½ +                        | Standard | <input type="checkbox"/> white<br><input type="checkbox"/> black<br><input type="checkbox"/> gray   | 12.00                 |          |             |
|               |                          |   | Toe Sock | <input type="checkbox"/> white  | 12.50                 |          |             |

For expedited or international shipping charges, please call Customer Service.

Prices are subject to change without notice. For current prices and shipping, please call our Customer Service staff:

**800-848-7332**

|  |  |
|--|--|
| <b>Subtotal</b>                        |  |
| Shipping & handling                    |  |
| WA State residents add local sales tax |  |
| <b>Grand Total</b>                     |  |

**Payment Options**

|  |                   |       |                                       |
|--|-------------------|-------|---------------------------------------|
| <input type="checkbox"/> <b>Facility Billing</b> | Account Name / #: | PO #: | <input type="checkbox"/> C.C. On File |
|--|-------------------|-------|---------------------------------------|

**OR**

|   |   |  |                     |
|---|---|--|---------------------|
| <input type="checkbox"/> <b>Direct Purchase</b> | <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:             |

**Billing**

|                 |        |      |
|-----------------|--------|------|
| Name/Facility:  |        |      |
| Street address: |        |      |
| City:           | State: | Zip: |
| Phone:          | Email: |      |

**Shipping**

|   |
|---|
| <input type="checkbox"/> <b>Same as Billing Information</b> |
| Street address:   |
| City: State: Zip:   |
| Phone: Email:   |