

# Order Form

## Paris Spring Plate

### Patient Details

Name: .....

Age: ..... Size: ..... Sex: .....

Footwear Type: .....

.....

### Podiatrist Details PO#

Name: .....

Clinic: .....

Address: .....

.....

Phone: ..... Date: .....

### Other / Comments

.....

.....

.....

.....

.....

.....

### Sizing requirements

Size	Device Length	Side	Quantity
XS	239mm	Left	<input type="text"/>
XS	239mm	Right	<input type="text"/>
S	259mm	Left	<input type="text"/>
S	259mm	Right	<input type="text"/>
M	279mm	Left	<input type="text"/>
M	279mm	Right	<input type="text"/>
L	298mm	Left	<input type="text"/>
L	298mm	Right	<input type="text"/>

Plates are not returnable for credit however size exchange requests will be accommodated for unused and Unmodified plates only. Spring plates will not be modified by the laboratory.

### Return Date / Time

Date: ..... Time: .....