

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: