



L&R INTERNAL USE ONLY

ReadyWrap™ Custom Order Form

**LOWER
EXTREMITY**

1 Patient Information

Name: _____ Phone Number: _____ Age: _____ Height: _____ Weight: _____

Therapist/Fitter: Name: _____ Phone Number: _____ Email: _____

2 Garment Design

☒ Extremity ☐ Right
☐ Left☒ Style

Qty.

Beige Black

Custom Thigh

Custom Knee

Custom Calf

Custom Foot

Custom Toe

(Custom Toe Measurements form must accompany this form.)

For each ordered, a single appropriately-sized liner will be provided.
(Toe garments excluded.) Pairs are available for purchase separately.☒ Additional Liners (Sold in pairs. Black only.)

QTY.

____ Below Knee (A-D) for garments knee and below

____ Thigh High (A-G) for garments thigh and below

Liner size will correspond to garments ordered.

To specify size, contact the Custom Design Center.

Special Instructions:

☐ Exact Reorder of Order #: _____

4 Billing Information

☐ Quote Only

Business Name: _____

Phone: _____ Fax: _____

Contact Name & Phone: _____

Account #: _____ P.O. #: _____

Payment: ☐ Credit card (provide number below) ☐ Net 30

Card #: _____ Exp: ____ / ____ SID: _____

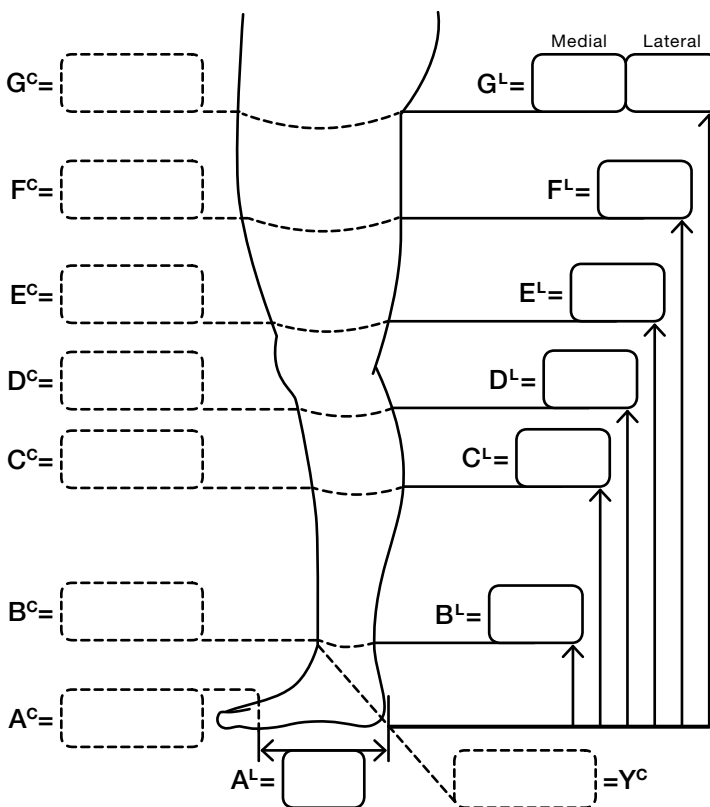
3 Measurements

(All measurements in centimeters)

Date taken: ____ / ____ / ____

C = Circumference

L = Length



Use Custom Toe Measurements Form to provide toe measurements.

5 Shipping Information

Shipping: ☐ Standard☐ Priority Requested Delivery Date: _____

Ship to: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

Province Postal Code

Phone: _____

Email (for shipping notification): _____

Fax completed order to 414-892-4150 or email to customdesigncenter@us.LRmed.com

L&R USA INC. will reply with an order confirmation and cost. Questions? Call Custom Design Center at 1-414-892-5158.