

ORDER FORM

NAME OF PERSON PLACING ORDER _____

COMPANY NAME _____

ADDRESS _____

PHONE _____

RIGHT ___ **LEFT** ___

SIZE IN CM. _____

WEIGHT _____ **K LEVEL 1** ___ **2** ___ **3** ___

KEEL* **SOFT** ___ **MED.** ___ **FIRM** ___ Please refer to Keel Deflection Chart

TYPE OF FOOT:

SINGLE AXIS 1A ___

MULTI AXIS 2A ___ **AGM**(aggressive gait) ___ or **STM**(soft tissue) ___

K SERIES K1A ___ **K2U** ___ **K2A** ___ **K3U** ___

H (HYBRID) (K Series with non adjustable transverse torque)

H1A ___ **H2U** ___ **H2A** ___ **H3U** ___

DYNAMIC RESPONSE (DR) ___ **UNI** ___ **BI** ___ **TRI AXIAL** ___ **K LEVEL** ___

FDS ___ **LCD** ___ **LCE** ___ **K LEVEL** ___

DEFINITIVE KITS (Foot with attached pylon)

(Includes pylon with adapter +adapter & ring clamp + socket adapter unless otherwise specified) allow 3"for foot when determining overall length)

OVERALL LENGTH 9 ___ **12** ___ **15** ___ **18** ___

PYLON ADAPTER & RING CLAMP YES ___ **NO** ___

SOCKET ADAPTER YES ___ **NO** ___

REDUCING SLEEVE 30 MM YES ___ **NO** ___

ADJUSTABLE KITS

LENGTH OF PYLON 6 ___ **9** ___ **12** ___ **15** ___ **18** ___

PYLON ADAPTER & RING CLAMP YES ___ **No** ___

SOCKET ADAPTER YES ___ **NO** ___

REDUCING SLEEVE 30 MM YES ___ **NO** ___

***We can determine the proper keel (Soft, Med. or Firm) by the weight given.**

If client is over the weight limit for keel specified we will substitute the correct keel. Larger keels can be put in smaller foot shells to accommodate weight.