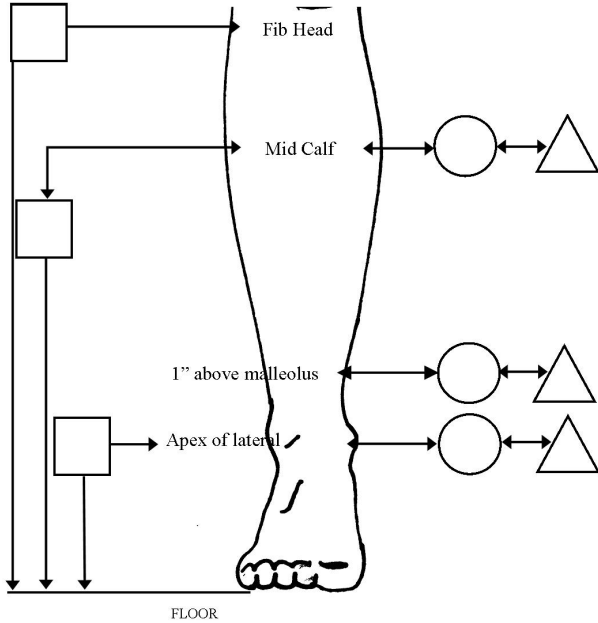


# EZ Stride Orthometry Form



Date \_\_\_\_\_ Date Needed \_\_\_\_\_  
 Practitioner \_\_\_\_\_  
 P.O. # \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Ship to: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  
 Gender: Male / Female / Right / Left  
 Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Diagnosis \_\_\_\_\_

Size: XSM / SM / MEDIUM / LARGE

**Style:**

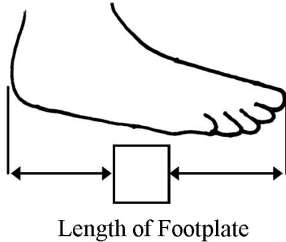
- EZ Stride Posterior Strut
- EZ Stride 5P Posterior Strut
- EZ Stride MBP Posterior Strut
- EZ Stride Spiral Posterior Strut
- EZ Stride ATB Anterior Strut Stride 5P Ant Strut
- EZ Stride TTR Anterior Strut
- EZ Stride PLS

**Options:** Ankle Lock System (ALS)  
 Ankle Strap  
 Full Liner  
 Adjustable Tibia Section

**Orientation:** Lateral Strut  
 Medial Strut  
 Posterior Tibia  
 Anterior Tibia  
 Dual Strut

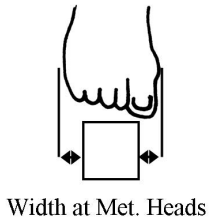
**RIGHT / LEFT**

FLOOR



Shoe Size

Right or Left



www.spinalsolutioncarbonfiber.com  
 www.spinalsolution.net  
 1971 Old Covington Road  
 Conyers, Georgia 30013  
 800-922-5155 Voice  
 800-813-8139 Fax

SPECIAL INSTRUCTIONS