



**ADVANCED
ORTHOTIC
DESIGNS INC.**

SMART Walker™ Orthosis Order Form

Please fax to 905-607-9099

DATE	COMPANY NAME	P.O. #
ORTHOTIST/COMPANY CONTACT	PHONE NUMBER	STREET ADDRESS
CITY	PROVINCE/STATE	POSTAL CODE/ZIP
		COUNTRY

CHILD'S NAME OR REFERENCE NUMBER	FRAME SIZE				STRAP COLOUR		SHOE DETAILS—INDICATE IF MEASUREMENTS ARE IN <input type="checkbox"/> INCHES OR <input type="checkbox"/> CM							OPTIONS		
	S	M	L	XL	BLACK	PURPLE	FOOT LENGTH ¹	FOOT C ²	EUROPEAN SIZE ³	WIDTH	ARTICLE NUMBER	COLOUR	2ND CHOICE	HRA ⁴	PADDED BELT	OTHER

¹ Foot length with weight bearing

² Circumference around the metatarsal heads, with weight bearing

³ If European size unknown, we will convert based on 1 and 2 above

⁴ Height Reduction Adapter

NOTE: Be sure to include a 2nd choice for the shoes (either 2nd model or 2nd colour choice).
All frames are black.

ADVANCED ORTHOTIC DESIGNS

3995 Sladeview Crescent, Unit 4

Mississauga, Ontario L5L 5Y1

CANADA

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