



CUSTOM LOWER EXTREMITY SIZING FORM

Wholesale Pricing Effective 01/01/14

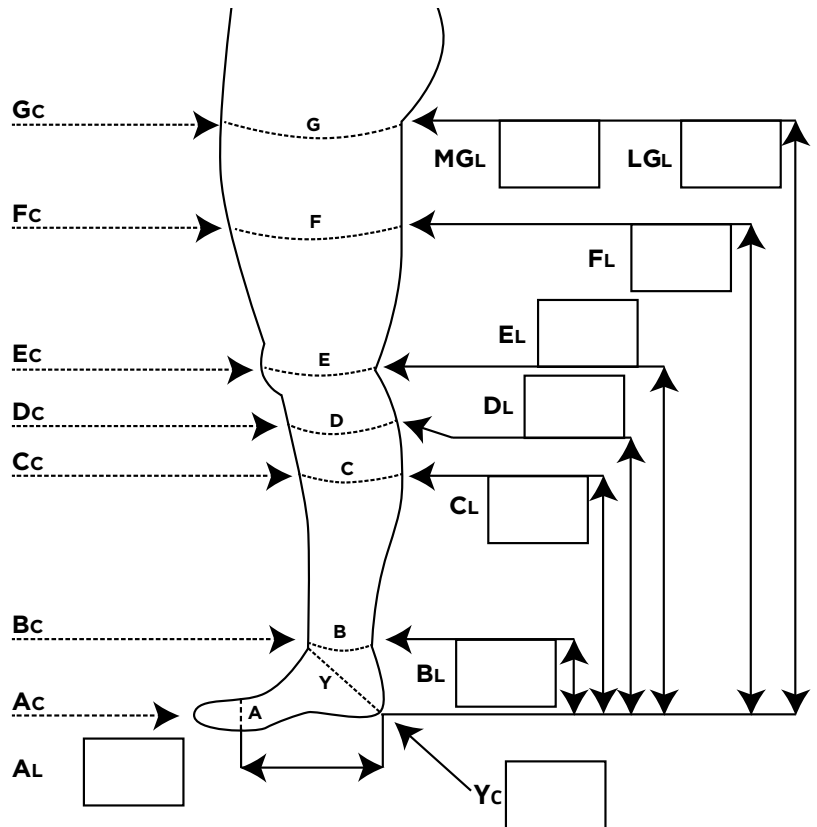
ORDER DATE: _____

Please fax orders to SOLARIS at (414) 892-4150

BILLING INFORMATION	
Bill To:	
Attn:	
Street:	
City:	
State:	Zip:
P.O. #:	
Acct. #:	
Terms:	CC#: Net 30
Exp:	SID:

C = CIRCUMFERENCE

L = LENGTH



SHIPPING INFORMATION	
<input type="checkbox"/> Same as Billing Information	
Ship To:	
Attn:	
Street:	
City:	
State:	Zip:

CONTACT INFORMATION	
Name:	
Phone:	
Fax:	
Email:	

PATIENT NAME	
Name:	

For Solaris Internal Use:

LEFT RIGHT

Item Code	Item Description	Black Qty.	Beige Qty.	Item Cost	Item Total
ReadyWrap Custom Garments					
RW-LE-EG-C	Custom Thigh				
RW-LE-DE-C	Custom Knee				
RW-LE-BD-C	Custom Calf				
RW-LE-AB-C	Custom Foot				
RW-LE-AA-C	Custom Toe*				
Solaris Silver Liners (standard size only)					
LN-LE-AD	Short				
LN-LE-AG	Long				
				Sub-Total	
				Shipping	
				<input type="checkbox"/> Bus. Ground <input type="checkbox"/> Res. Ground <input type="checkbox"/> 2nd Day <input type="checkbox"/> Overnight	
				TOTAL	

*Please call us at (855) 892-4140 to discuss Custom Toe options.