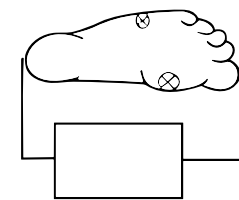
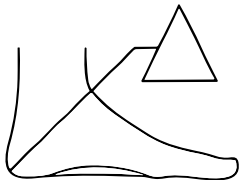
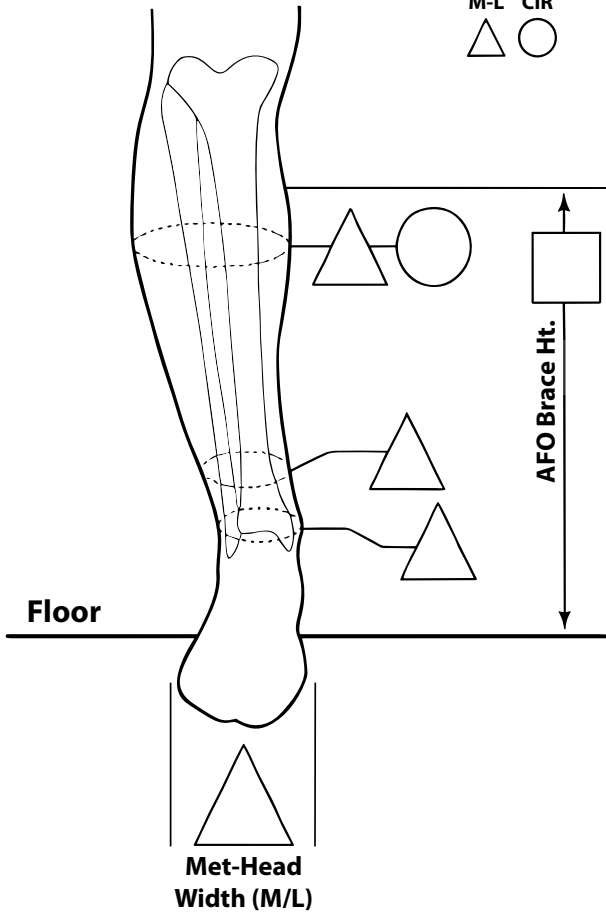


CUSTOM TO CAST/SCAN MEASUREMENT CHART



*This chart must be accompanied
by TCFlex or AFO - order chart*

M-L CIR
 



Heel to Toe Length

PATIENT INFORMATION

Patient Name _____
 Male Female DOB: _____
 Height _____ Weight _____
 Specify Side(s) Bilateral Left Right
 Casting Date _____ RX _____

FACILITY INFORMATION

Practitioner _____ PO# _____
 Facility _____
 Address _____
 Phone _____ Fax _____

Email: _____

Additional Information

