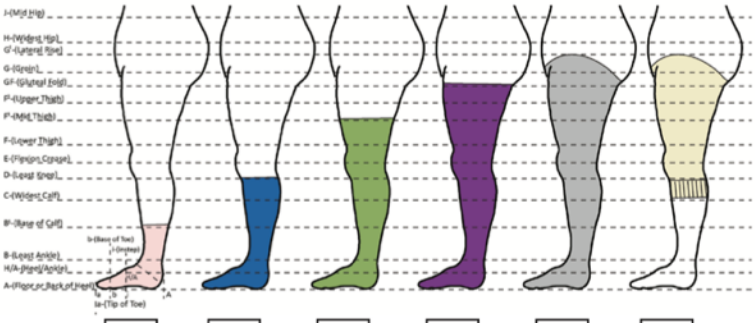
Custom Legs

Adaptive Direct

Date: ____/____/_____ Patient Name: _____ Therapist Name: _____

Ship to: _____



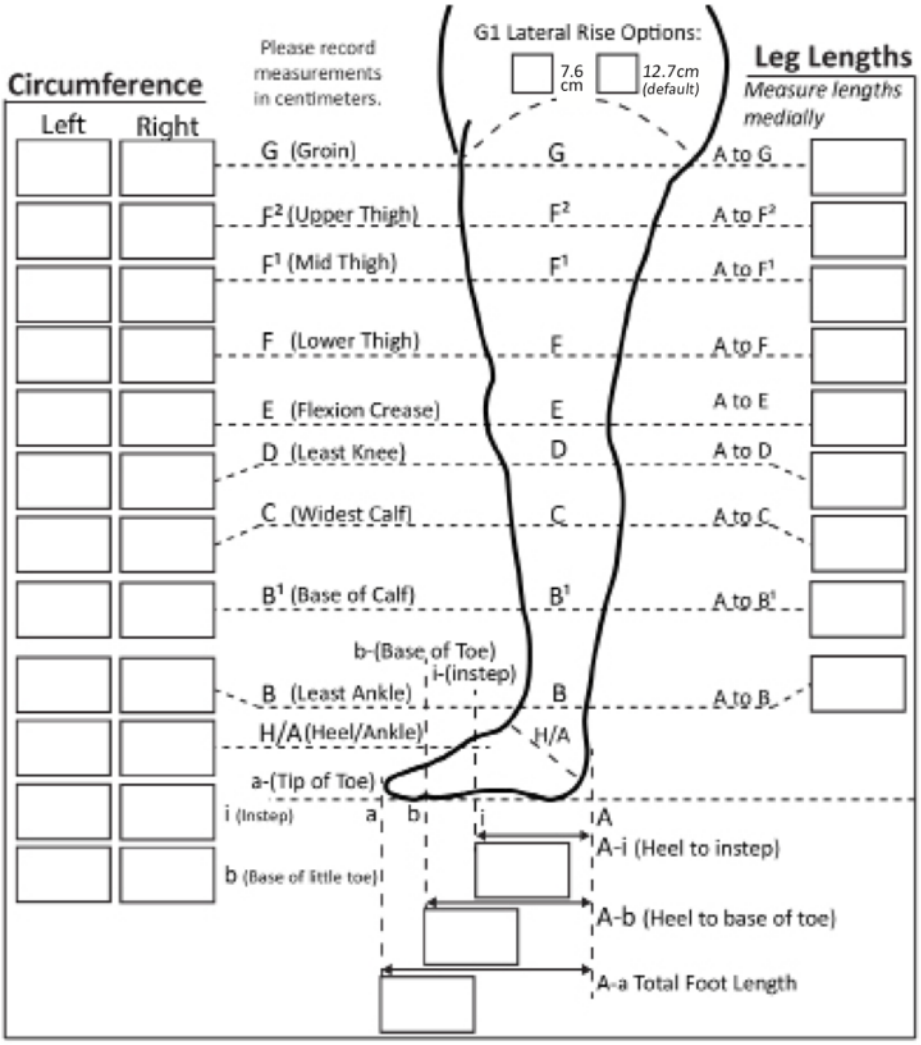
☐ AB1 ☐ AD ☐ AF1 ☐ AG ☐ AG1 ☐ DG1

Polartec® Power Dry® Colors	
☐ Black	☐ Buff
☐ French Blue	☐ Glacier Blue
☐ Leaf Green *(X-Static®)*	☐ Navy Blue
☐ Pink	☐ Plum
☐ Royal Blue	☐ Stainless Steel
☐ White *(soft pink hue)*	
Organic Cotton & Spandex Colors	
☐ Black	☐ Ivory
☐ Royal Blue	
Techsheen Colors *(ADVI Combi & ComfyBoot only)*	
☐ Black	☐ Buff
SUPER Powernet Colors *(InnaBoot only)*	
☐ Black	☐ Buff

Styles
☐ **Standard Leg Garment** *(AD to AG1)*
☐ **ADVI** *(AD)*
☐ **ADVI Combi** *(AD) (with nylon & spandex Techsheen outer covering)*
☐ **ComfyBoot** *(AD) (with nylon & spandex Techsheen outer covering)*
☐ **InnaBoot** ☐ **AD** ☐ **AG** *(Organic Cotton & Spandex with SUPER Powernet JoViJacket)*

No Charge Options
☐ **Cover to tips of toes**
☐ **Two Blend Foam** *(Low ILD)*

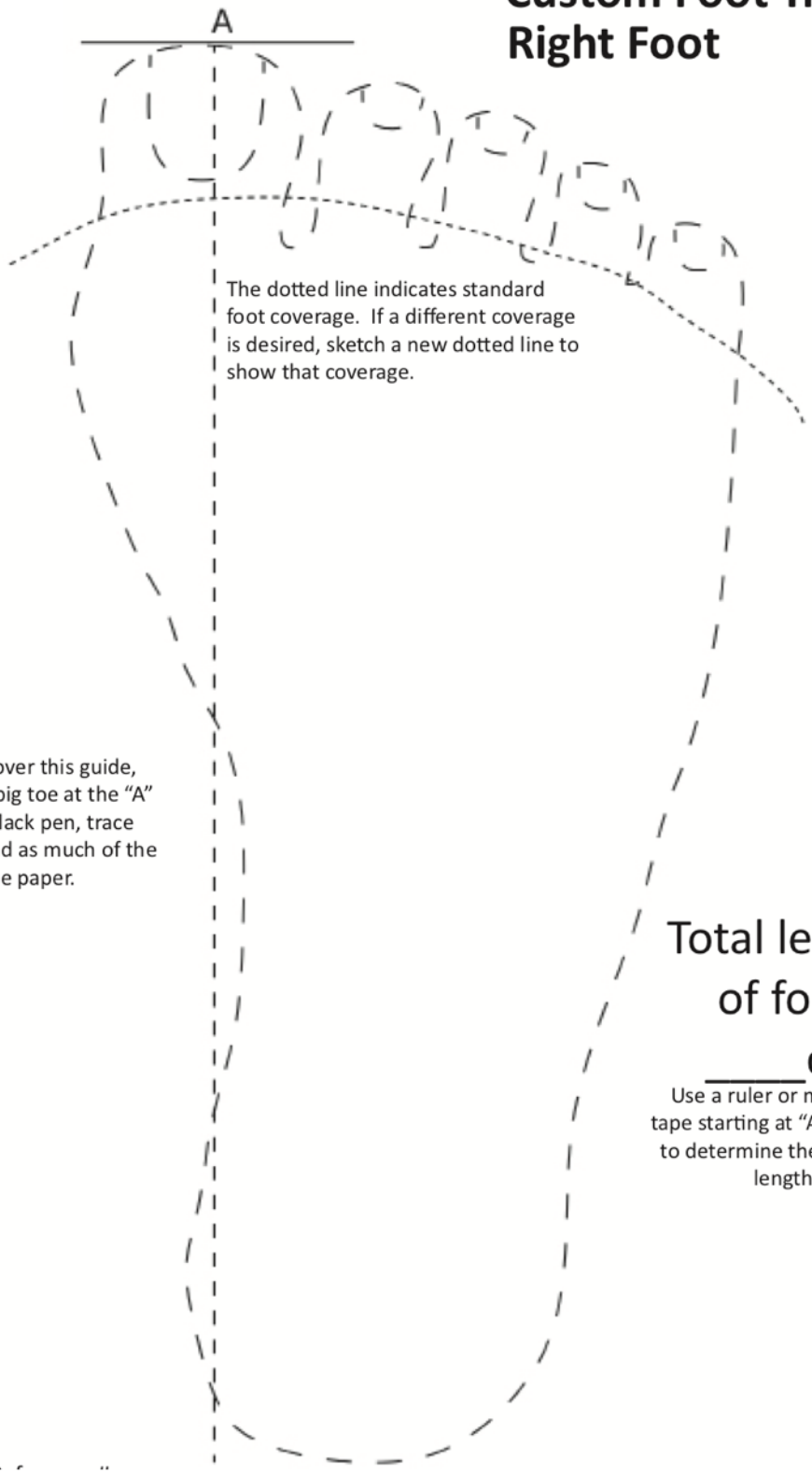
Additional Charge Options
JoViJacket ☐ Black ☐ White *(JoViJackets are recommended as they provide the additional compression needed for maximum fit & effectiveness.)*
☐ **Safety Sok** *(matching fabric; non-slip sole)*
☐ **Pad - Dorsum** *(sewn in)*
Pad - Malleolus *(sewn in)* ☐ Medial ☐ Lateral
☐ **Zipper** - ankle to knee
☐ **Zipper** - knee to groin
☐ **ADVI Foot Style**
☐ **Donning Loops**
☐ **Pull Tabs** *(InnaBoots only)*
☐ **Dycem®** - donning aid
☐ **Easy-Slide** - donning aid
☐ **Prepaid Reduction Option**



Comments:

Adaptive Direct

Custom Foot Tracing
Right Foot



The dotted line indicates standard foot coverage. If a different coverage is desired, sketch a new dotted line to show that coverage.

Place foot directly over this guide, with the tip of the big toe at the "A" landmark. With a black pen, trace around each toe and as much of the foot as will fit on the paper.

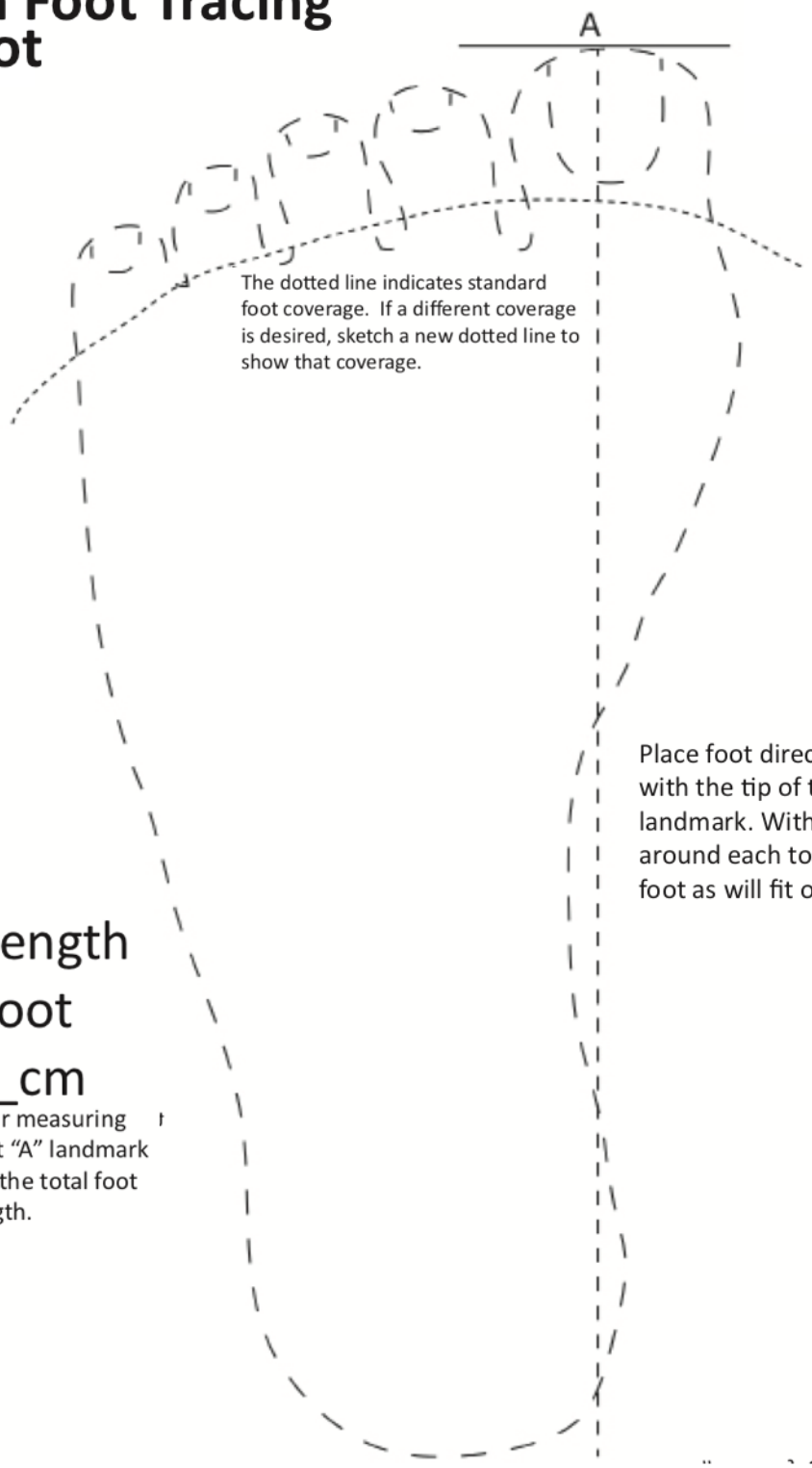
Total length of foot

_____cm

Use a ruler or measuring tape starting at "A" landmark to determine the total foot length.

Adaptive Direct

Custom Foot Tracing
Left Foot



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