ExoCustom™
Order Information Form

L&R USA INC.
3880 W Wheelhouse Road
Milwaukee, WI 53208
Tel: (855) 892-4140

Include this Order Information form with all ExoCustom orders

1. Order Information

Date: | PO #:

☐ Original order ☐ Reorder w/ changes ☐ Exact reorder

Fax / Email (for confirmation):

Measured By (for order questions)

Name:

Facility:

Phone / Email:

2. Client Information

Name / ID:

Age: | Gender: ☐ Female ☐ Male

3. Billing Information

Account #:

Bill to:

Attention:

Address:

Address 2:

City:

State: | Zip:

Phone:

Email:

Credit Card Information (if applicable)

#:

Exp Date: / | SID:

Comments

4. Shipping Information ☐ Same as billing address

Ship to:

Attention:

Address:

Address 2:

City:

State: | Zip:

Email (for notifications):

Shipping Method

☐ Bus Ground ☐ Res Ground ☐ 2nd Day ☐ Overnight

Include this Order Information form with all ExoCustom orders

ExoCustom™
Lower Extremity Measuring and Order Form

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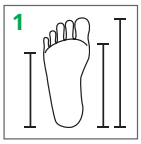
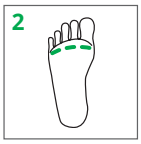
Measuring Instructions

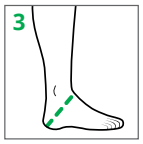
- Have a non-toxic washable marker, tape measure, and pen available.
- Measure client after therapy or in the morning.
- Measure with client standing and weight evenly distributed.
- Measure lengths straight, do not follow leg contours.



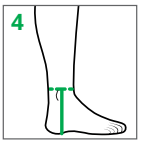
Foot Lengths



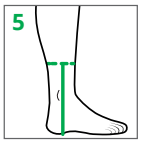
A*c*
Circumference at MTP



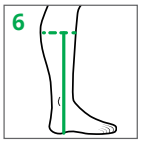
Y*c*
Circumference at Instep / Heel



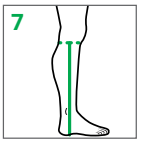
B
Floor to Narrowest Point of Ankle



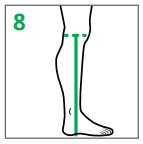
B¹
Floor to Narrowest Point of Calf
Calf transition



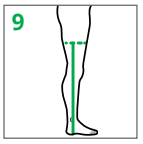
C
Floor to Widest Point of Calf



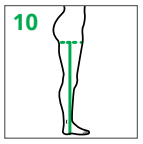
D
Floor to Base of Patella



E
Floor to Mid-Patella



F
Floor to Mid-Thigh



G
Floor to Gluteal Fold

Ordering Information

Date:	PO:
Customer / Account:	
Client / ID:	
Gender: ☐ Female ☐ Male	
Quantity & Item Code	
Qty: EC–LE–	L / R
EC–LE–	L / R
Color: ☐ Beige L / R ☐ Black L / R	
Compression	
☐ 18 - 21mmHg L / R ☐ 23 - 32mmHg L / R	
☐ 34 - 46mmHg L / R	
Distal Foot Options	
Toe: ☐ Closed L / R ☐ Open L / R	
Finish: ☐ Slant L / R ☐ Straight L / R	
Modifications	
Qty: Pocket *(select Place)*	
Place: ☐ Back Knee L / R ☐ Instep L / R	
Silicone *(select Width and Place)*	
Width: ☐ 3.5cm L / R ☐ 5cm L / R	
Place: ☐ Inside L / R ☐ 3/4 Inside L / R ☐ Top L / R	
Zipper L / R *(note start / end location below)*	
Label Placement on Garment	
Place: ☐ Inside L / R ☐ Outside L / R	
Priority Production	
☐ Priority Production *(additional fee)*	
Comments	

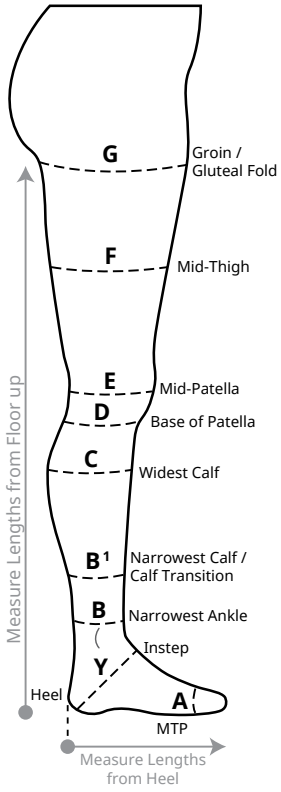
LEFT LEG MEASUREMENTS

CIRC *c*	LENGTH *ℓ*
G*c*	G*ℓ*
F*c*	F*ℓ*
E*c*	E*ℓ*
D*c*	D*ℓ*
C*c*	C*ℓ*
B¹*c*	B¹*ℓ*
B*c*	B*ℓ*
Y*c*	
A*c*	

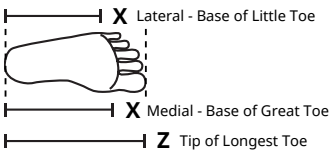
LEFT

Lateral X*ℓ* Base of Little Toe	
Medial X*ℓ* Base of Great Toe	
Closed Toe Z*ℓ* Tip of Longest Toe	

Please measure in centimeters



FOOT LENGTH MEASUREMENTS



Foot tracings are always appreciated

RIGHT LEG MEASUREMENTS

CIRC *c*	LENGTH *ℓ*
G*c*	G*ℓ*
F*c*	F*ℓ*
E*c*	E*ℓ*
D*c*	D*ℓ*
C*c*	C*ℓ*
B¹*c*	B¹*ℓ*
B*c*	B*ℓ*
Y*c*	
A*c*	

RIGHT

Lateral X*ℓ* Base of Little Toe	
Medial X*ℓ* Base of Great Toe	
Closed Toe Z*ℓ* Tip of Longest Toe	

Email forms to: customerservice@us.LRmed.com

Fax forms to: (414) 892-4150