CANADA ORTHOMEDIX Inc.™
Tel: 416.633.3668 (foot) , 416.398.9169 Fax 416.633.3677
501Champagne Dr., unit20, North York ON M3J 2C6

Reset

DATE:

CLINIC NAME:

PATIENT NAME_____

PLEASE PICK THREE STYLES TO AVOID FUTURE DELAY

1-SHOE STYLE _____ **SIZE** _____

2-SHOE STYLE _____ **SIZE** _____

3-SHOE STYLE _____ **SIZE** _____

OFFICE USE ONLY

Date Ordered:	INITIALS:
Date Received:	INITIALS:
Date: Shipped :	INITIALS:
Invoice Number:	