

2801 Dodds Ave., Unit 103 Chattanooga, TN 37407

> Ofc: 423-617-0901 Fax: 423-661-7473

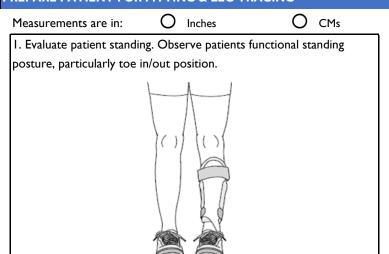
E-Mail form to: SmartFAB@allardusa.com

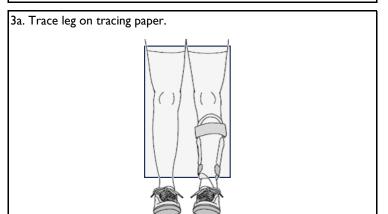
COMBO Order Form

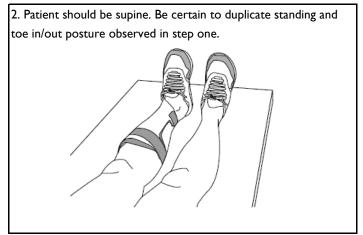
All Central Fabrication orders must be shipped to our Chattanooga location.

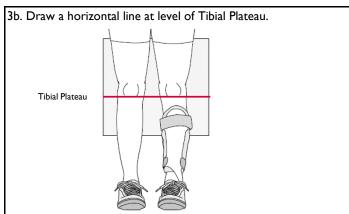
SHIP VIA:	O UPS	○ FedEX	O Cust. P/U
SERVICE:	○ Ground	O 3-Day	O 2-Day
•	O ND Saver	O Next Day	O ND Early AM
- -		,	- ,
Acci Nam Add Add	ress 2:	ame as Ship To	
_			
Both Knees			
Sh	oe Size: (us	ed as a guide to help determine	Allard AFO size)
-	face for patients requiri	ng added cushioning and a	more intimate fit due to
r activity level.			
x sleeve to cover	the AFO (Recommend	ed for venous insufficiency)
ees)	R		ees toe out)
	BIL Accompany Add Add City Both Knees Shemory foam intering activity level.	BILL TO: O S Acct #: Name: Address: Address 2: City, State, Zip Code: Both Knees Shoe Size: (us emory foam interface for patients requiring activity level. x sleeve to cover the AFO (Recommend	BILL TO: O Same as Ship To Acct #: Name: Address 2: City, State, Zip Code: Both Knees Shoe Size: (used as a guide to help determine activity level. x sleeve to cover the AFO (Recommended for venous insufficiency) Right Foot Standard (5-7 degree

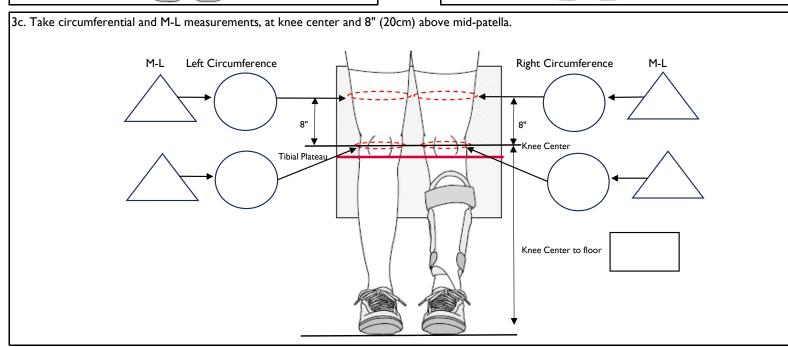
PREPARE PATIENT FOR FITTING & LEG TRACING











SPECIAL INSTRUCTIONS: