

Genesis II™ PRODUCT ORDER FORM

Genesis II™ Products requested (please circle selections) Date: _____

GENESIS II™ Foot

GENESIS II™ PLUS

GENESIS II™ LOW PROFILE (SYMES)

GENESIS II™ FOOTSHELL

GENESIS II™ COMPLETE BUMPER SET

GENESIS II™ AEROSPACE COMPOSITE SOCK

GENESIS II™ TSS VACULINK

Please answer all underlined questions below for each requested foot:

Foot Size: _____ cm Right Left Foot Shell: Male (wide) Female (narrow)

Colors: Tan or Brown

Endo System or Exo System (requires custom ankle) Neutral Alignment or Posterior Lean

Patient Name: _____ or Patient File #: _____

Patient: Ht: _____ Wt: _____ Age: _____ Sex: M F Occupation: _____

Limb Length: AK Short BK Med BK Long BK Symes

Patient Activity Level:

K1 Low (walking w/aid)

K2 Med-Low (Limited walking)

K2 Medium (Walking only)

K3 Med-High (Light sports, Jogging)

K4 High (Running, Active sports, Construction)

Additional Components used: _____

PO: _____ Practitioner: _____

Name of Clinic: _____

Address: _____

City, State, ZIP: _____

Phone: (_____) _____

Date Needed: _____

Ship Via (circle): Ground 3rd Day 2nd Day Next Day Next Day AM

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