

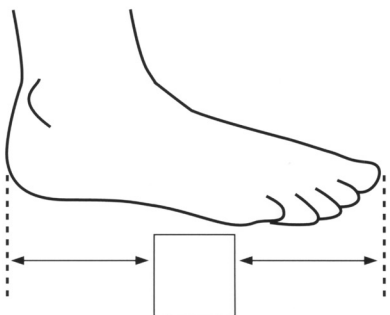
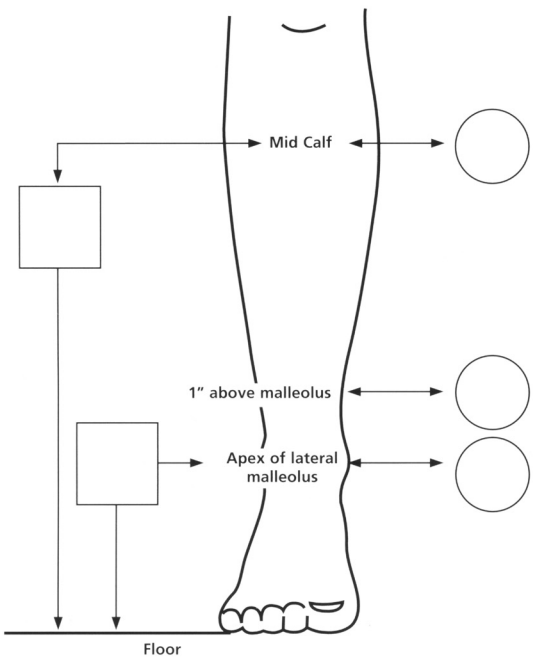


Ezi-Stride Prescription Form

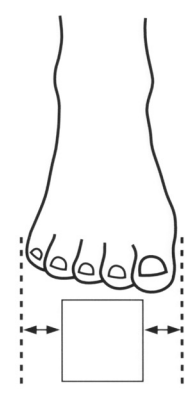
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Dimensions
 inches cms mm



Length of Footplate



Width of Met Heads

Shoe size

 Right or Left

Special Instructions

Practitioner _____

Date _____ Date required _____

Purchase Order No _____

Company Name _____

Ship to _____

Telephone _____

Patient's Name _____

Date of Birth _____

Gender M / F Which side L / R

Height _____ cm

Weight _____ kg

Diagnosis _____

ADDITIONAL INFORMATION