

**LEGION ORTHOPEDICS**

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Order date \_\_\_\_\_

Reference Order # \_\_\_\_\_

**BASIC SERIES FORM**

May 2016

**PATIENT INFORMATION PRACTITIONER/DOCTOR /BUYER INFO**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Account No. \_\_\_\_\_

Weight : \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\* All Sales are FINAL \*\***

Notes / Instructions: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code. \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

**PRODUCT SELECTION LENGTH SELECTION**

◇ **Blue Basic**

◇ **Navy Basic**

◇ **Mets Heads** length of shell/base

◇ **Tan Basic**

◇ **White Basic**

◇ **Sulcus** 3/4 of length approximately

◇ **Gray Basic**

◇ **Pink Basic**

◇ **Full** length of shoe size

**SHELL / BASE ( LETTER )**

◇ **A** ◇ **B** ◇ **C** ◇ **D** ◇ **E** ◇ **F** ◇ **G** ◇ **H** ◇ **I**

**LENGTH OF INSOLE ( FULL—CIRCLE ONE ) ( \*Please verify length in centimeters too )**

Woman Sizes

|            |      |      |      |      |      |      |      |      |      |      |      |
|------------|------|------|------|------|------|------|------|------|------|------|------|
| <b>CM</b>  | 22.9 | 23.7 | 24.5 | 25.4 | 26.3 | 27.2 | 28.1 | 28.8 | 29.8 | 30.5 | 31.3 |
| <b>USA</b> | 4    | 5    | 6    | 7    | 8    | 9    | 10   | 11   | 12   | 13   | 14   |

Man Sizes

|            |      |      |      |      |    |    |      |      |      |      |      |
|------------|------|------|------|------|----|----|------|------|------|------|------|
| <b>CM</b>  | 23.7 | 24.5 | 25.4 | 26.3 | 27 | 28 | 28.8 | 29.8 | 30.5 | 31.4 | 32.2 |
| <b>USA</b> | 4    | 5    | 6    | 7    | 8  | 9  | 10   | 11   | 12   | 13   | 14   |

EXTRA PADDING ( Charge extra ) Circle

| Heel Pad  | Spur Pad  | Scaphoid pad | Neuroma/met     | Met Bar         |
|-----------|-----------|--------------|-----------------|-----------------|
| 1/8" foam | 1/8" foam | 1/8" foam    | 1/8" 3/16" 1/4" | 1/8" 3/16" 1/4" |
| 3/16"     | 3/16"     | 1/4"         | X-Small Small   |                 |
| 1/4"      | 1/4"      | Full medial  | Medium Large    | ___ On Plate    |

**FOR USE OF  
 LEGION ORTHOPEDICS**

Date: \_\_\_\_\_

Log# \_\_\_\_\_