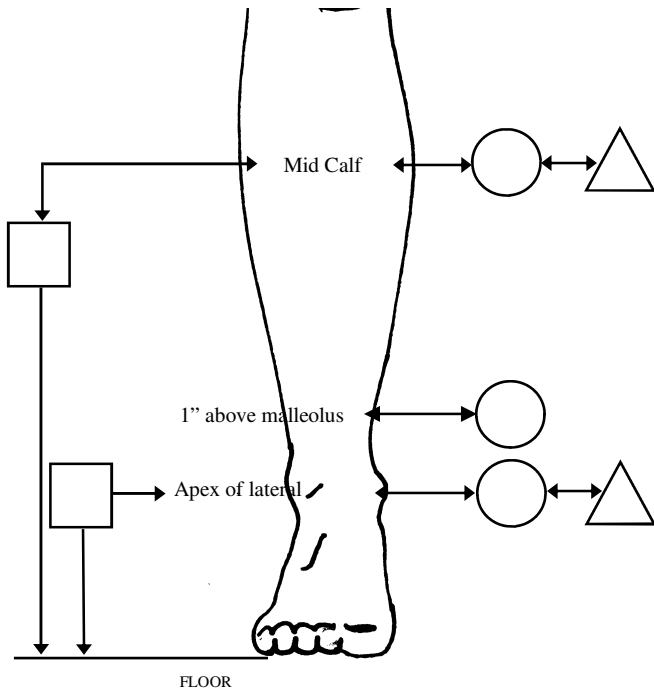


# ***EZ Stride Orthometry Form***



Date \_\_\_\_\_ Date Needed \_\_\_\_\_

Practitioner  
\_\_\_\_\_

P.O. # \_\_\_\_\_

Company Name \_\_\_\_\_

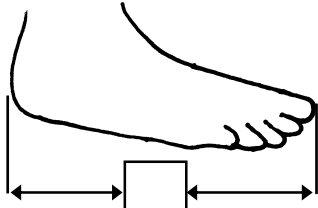
Ship to: \_\_\_\_\_

Phone: \_\_\_\_\_

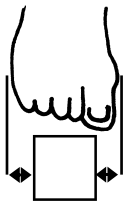
Patient Name:  
\_\_\_\_\_

Gender: Male / Female / Right / Left

Height \_\_\_\_\_ Weight  
\_\_\_\_\_



Length of Footplate



Width at Met. Heads

Shoe Size

Right or Left

**SPECIAL INSTRUCTIONS**