

**Shipping & Billing Information**

Company Name: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  
 Patient DOB: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

**Device Type**

Description	Qty.		Total
Dobbs Bar			
Clubfoot AFO			
D-System (AFO's & Bar)			
Shipping Method (circle one)	Next Day	2 <sup>nd</sup> Day	Ground
International Shipping	Call		

**Payment Method:**

Check  Visa  Master Card  Discover  
 CC# \_\_\_\_\_  
 PO # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**AFO Pattern & Colors (circle one)**

Lavender Butterfly    Pink & Purple Bunnies    Fly & Drive  
 Ice Age    Green Camouflage    Blue Jean  
                     Green Soccer  
 White (no pattern)    **Strap Color:** White / Black (circle one)

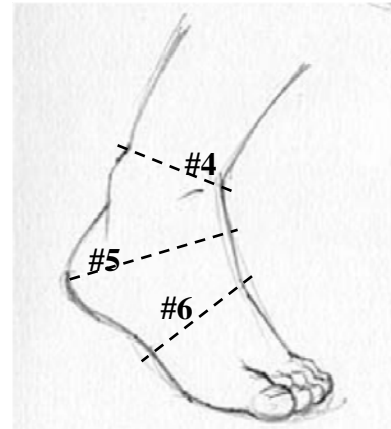
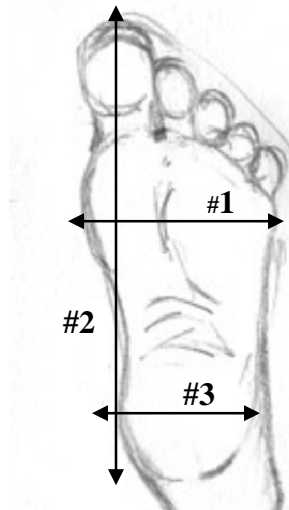
Number	Right	Left	Circle One	Type
Measurement 1			Inch / cm	M-L
Measurement 2			Inch / cm	Length
Measurement 3			Inch / cm	M-L
Measurement 4			Inch / cm	Cir.
Measurement 5			Inch / cm	Cir.
Measurement 6			Inch / cm	Cir.
Measurement 7			Inch / cm	M-L
Shoulder Width			Inch / cm	Width

**Ankle Set At:** Neutral (90°) or Dorsiflexion \_\_\_\_\_°

**Special Instructions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Call (314) 968-8555 for Questions    Fax (314) 968-3561

**CLUBFOOT AFO  
 CAST MOLD AND MEASUREMENTS  
 REQUIRED**



**Send Cast and this Form to:**  
 D-Bar Enterprises, LLC  
 748 Marshall Ave.  
 Webster Groves, MO 63119  
[www.dobbsbrace.com](http://www.dobbsbrace.com)