

AOD Central Fabrication
12315 Judson Rd. #200
San Antonio, TX 78233

MISCELLANEOUS LE

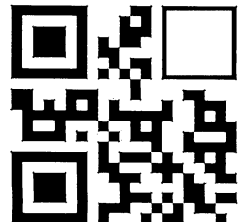
Patient _____ PO# _____ Diagnosis _____
Clinic _____ Due Date (Rush Fee May Apply) _____
Clinician _____ Height _____ Weight _____
Phone _____ Age _____ Sex _____ Shoe Size _____

PATIENT ID		INTERNAL USE - DO NOT FILL IN PATIENT ID
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Step 1: Device Type

Step 2: Modifications and Additions

Step 3: Order Notes and Special Requests



(P) 210-657-8100
(F) 210-657-8105

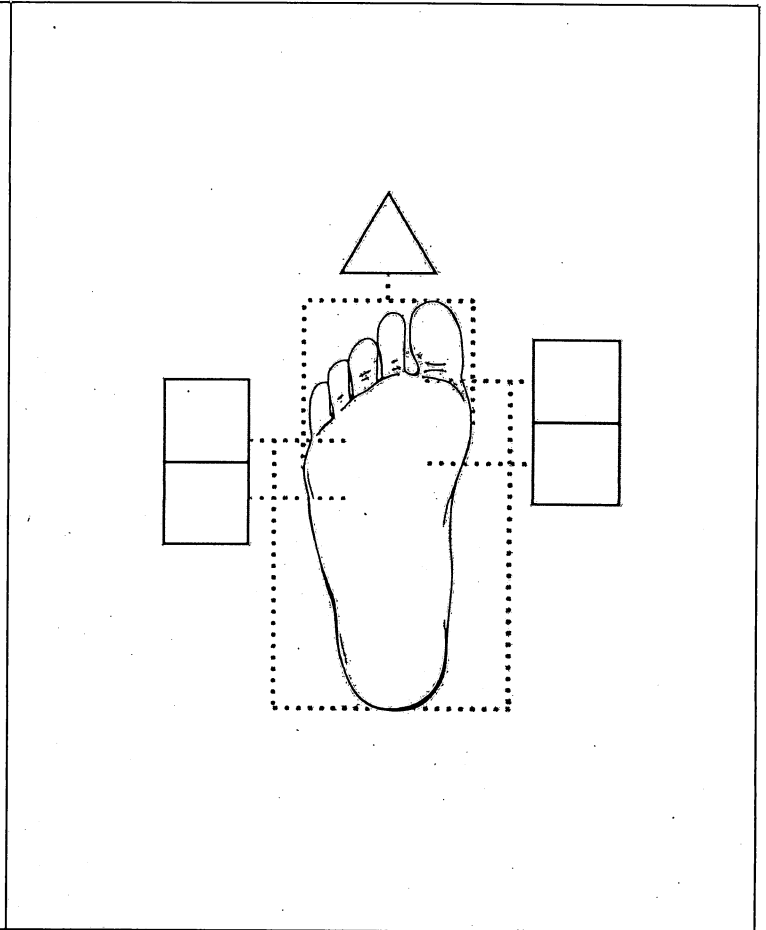
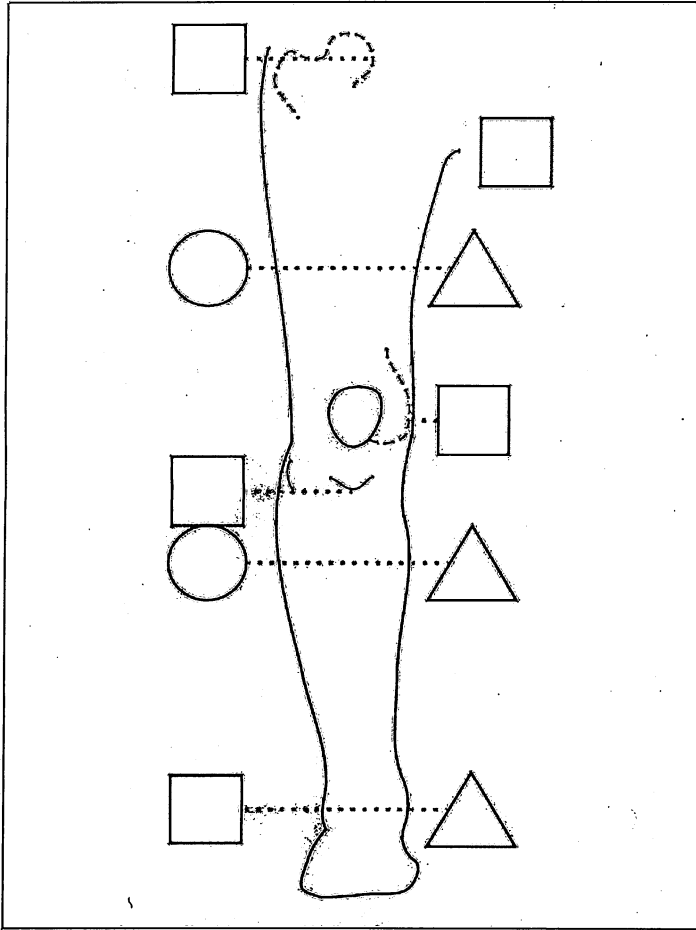
RECEIVED DATE	COMPLETED DATE

info@aodcfab.com

Step 4: Measurements

Measurements are not necessary, but will improve the accuracy of the final product.

Warranty information available at www.AODCFAB.com



INTERNAL USE - DO NOT WRITE BELOW

CUSTOMER COMMUNICATIONS