

Please:

- Submit one form for each pair ordered. **(NO PHOTOCOPIES)**
- Call ahead with any special instructions.
- Avoid processing delays by providing ALL requested information.
- **Order carefully.** Additions and accommodations requested after the initial order is placed will incur a fee.

LAB USE ONLY

Serial # _____

Opened By _____ Incoming Postage _____

Date Received _____

Account # _____ P.O. #: _____

Account Name _____

Practitioner Name _____

Phone _____ Fax _____

Email _____

Street Address _____

City/St/Prov _____

Zip/Postal Code _____

Recast from previous order Return cast to clinician

Serial # _____

Custom copy authorization

Patient's First Name _____

Patient's Last Name _____

Street Address _____

City/St/Zip/Postal Code _____

Telephone () _____ Date of Birth (M/D/Y) _____

Diagnosis or Chief Complaint _____

Sex M F Height _____ Weight _____

Shoe Size _____ Shoes Enclosed

PUMP Flat Low heel High heel

LACED Low volume interior High volume interior Athletic

Safety boots Other _____

Protect® Program Serial # _____ Repair Outgrow Loss (surcharge enclosed) Bill account for surcharge

This is a prepaid order

Check enclosed Check# _____

Money order enclosed Check# _____

Charge to: MasterCard VISA AmEx Discover

Expiration Date _____ Signature _____

FUNCTIONAL

ACCOMMODATIVE

LXCEL F1
Semi-flexible LANGERFLEX Vinyl Topcover to Metatarsals
 3° **Intrinsic** Rearfoot Post

LXCEL F2
Semi-rigid LANGERFLEX Vinyl Topcover to Metatarsals
 3° **Extrinsic** Rearfoot Post White Plastic Heel Plate
No forefoot posts available

Rearfoot posting options

0° Intrinsic Extrinsic If device is worn in a dress
 3° Intrinsic Extrinsic shoe, intrinsic rearfoot
 5° Intrinsic Extrinsic posts are recommended.

LXCEL A1
Soft LANGERZORB Foam White Mould to Toes
 3/16" PPT PLASTAZOTE®
 (Recommended for patients with diabetes/arthritis.)

LXCEL A2
Firm LANGERZORB Foam Black Mould to Toes
 1/8" Multicolor Medium-Density EVA Topcover
No forefoot posts available

Rearfoot posting options

Standard 0° Intrinsic Rearfoot Post
 3° Intrinsic

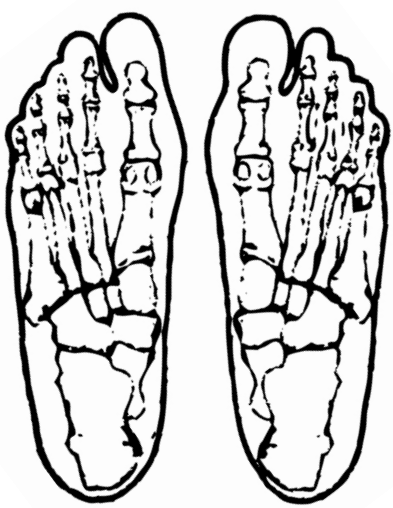
TOPCOVERS AVAILABLE

<input type="checkbox"/> Add PPT® Extension Select One Select One <input type="checkbox"/> 1/16" <input type="checkbox"/> Toes <input type="checkbox"/> 1/8" <input type="checkbox"/> Sulcus	<input type="checkbox"/> Add PPT® Topcover Select One Select One <input type="checkbox"/> 1/16" <input type="checkbox"/> Metatarsals <input type="checkbox"/> 1/8" <input type="checkbox"/> Sulcus <input type="checkbox"/> Toes	<input type="checkbox"/> Replace Standard Topcover with <input type="checkbox"/> 3/16" PPT PLASTAZOTE® <input type="checkbox"/> 1/8" Multicolor Medium-Density EVA Topcover <input type="checkbox"/> To Metatarsals <input type="checkbox"/> 1/16" NEOPRENE <input type="checkbox"/> To Sulcus <input type="checkbox"/> 1/8" NEOPRENE <input type="checkbox"/> To Toes
---	--	--

ACCOMMODATIONS

	RIGHT	LEFT		RIGHT	LEFT		RIGHT	LEFT			
Heel spur balance	<input type="checkbox"/>	<input type="checkbox"/>	Neuroma pad	<input type="checkbox"/>	<input type="checkbox"/>	Scaphoid pad	<input type="checkbox"/>	<input type="checkbox"/>			
Heel cushion	<input type="checkbox"/>	<input type="checkbox"/>	3rd interspace unless specified _____			Full sole lift 1/8"	<input type="checkbox"/>	<input type="checkbox"/>			
Heel lift 1/8"	<input type="checkbox"/>	<input type="checkbox"/>	Neuroma plug	<input type="checkbox"/>	<input type="checkbox"/>	Full sole lift 3/16"	<input type="checkbox"/>	<input type="checkbox"/>			
Heel lift 3/16"	<input type="checkbox"/>	<input type="checkbox"/>	Interspace _____			Full sole lift 1/4"	<input type="checkbox"/>	<input type="checkbox"/>			
Heel lift 1/4"	<input type="checkbox"/>	<input type="checkbox"/>	Metatarsal pad	<input type="checkbox"/>	<input type="checkbox"/>	Balance pad Right (please circle)	1	2	3	4	5
1 st Ray Cut Out	<input type="checkbox"/>	<input type="checkbox"/>	Metatarsal bar	<input type="checkbox"/>	<input type="checkbox"/>	Balance pad Left (please circle)	1	2	3	4	5

PLANTAR VIEW



PLEASE MARK ALL CASTS and the illustration to the right to ensure proper placement of accommodations

Right
Left

BOTTOM

If patient's foot type does not conform to **L.XCEL** specifications, a Langer Professional Account Representative (P.A.R.) will call you.

Please send casts and orders to Langer Inc., where additional supplies and services are also available.

New York
 450 Commack Road
 Deer Park, NY 11729
 800-645-5520
 Fax: (631) 586-9441

California
 1370N. McCan Street
 Anaheim, CA 92806-1316
 800-456-9334
 Fax: (714) 630-4987

Toronto
 391 Steelcase Road West, Unit 19
 Markham, ON, Canada L3R 3V9
 (877) 644-4344 - toll free
 (416) 321-6957 - office phone
 (416) 321-8346 - fax

VISIT OUR WEBSITE
www.langerinc.com
 Email: info@langerinc.com