

Foot/Leg Options - Accessories

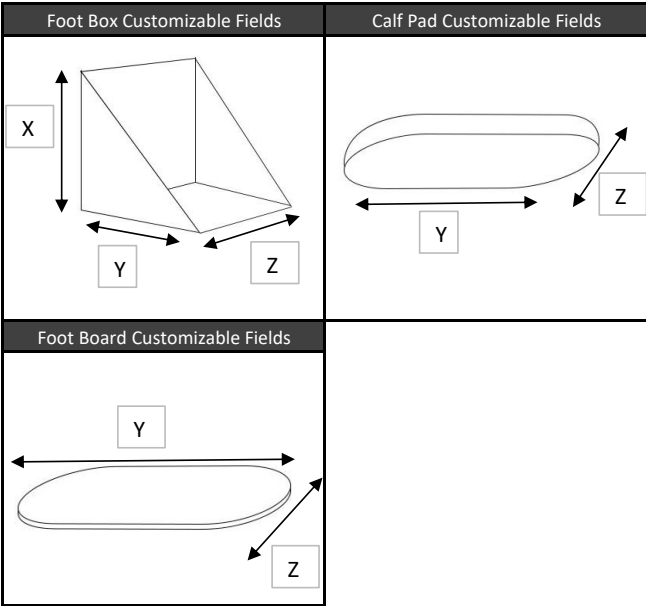


Customer Name: _____
 Address: _____ PO #: _____
 City: _____ Phone #: _____ Date: _____
 Account #: _____ Authorizer Name: _____



PART NO:	DESCRIPTION	PRICING	ADP CODE
<input type="checkbox"/> EP-P	Gel/Foam Extra Padding Each (Maximum of 2)	43	SEFND0035
<input type="checkbox"/> FDP-PC	Footrest Discrepancy Each (Maximum of 2)	69	SEMCF801L
<input type="checkbox"/> 1FB	1 Piece Foot Board	95	SEFND0015
<input type="checkbox"/> ASP-P	Amputee Support	246	SEFND0005
<input type="checkbox"/> PAF	Padded Angle Adjustable Footplates (Pair)	102	WAMJ
<input type="checkbox"/> CFR-P	Complex Foot Rest	380	SEFCF102L
<input type="checkbox"/> FPNP-P	Foot Pocket Not Padded (Maximum of 2)	173	SEFCF106L, (SEMCF803L X 2)
<input type="checkbox"/> CSLPB-P	Footbox Hard with padding	256	SEFCF103L, (SEMCF803L X 4)
<input type="checkbox"/> CSL	Footbox Soft (No ABS)	207	SEFND0020
<input type="checkbox"/> NLS	Calf Panel	43	SEFND0010
<input type="checkbox"/> FRHC-P	Footrest Hanger Covers Each (Maximum of 2)	52	SEMCF803L
<input type="checkbox"/> CCP	Custom Calf Pad (2)	168	SEFCF107L

NOTE: For CUSTOM SIZE Use Only ----- Please enter Custom fields below: CUSTOM



Field	Foot Box		Foot Board		Calf Pad	
	Standard	Custom	Standard	Custom	Standard	Custom
X	<input type="checkbox"/>	<input type="checkbox"/> _____				
Y	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
Z	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> _____
Quantity: _____		Quantity: _____		Quantity: _____		

NOTE: View diagram on the left for reference. Please select Standard for standard sizing. For custom please select Custom and enter the custom value in space next to the checkbox

Custom Notes: