

## Please fill out the order form and return it to info@easyliner.eu

Date and order	Your reference
Facility	Address
Referent	Telephone nr.

## **FOOT SELECTED**



## PATIENT DATA

Patient weight (kg)		
Side of amputation	Left	Right 🗌
Foot size (22 to 30)		
Footshell color	Light	Dark 🗌
(Optional) Foot currently used by patient (model and spring rate)		<u>.</u>

<b></b> 於	Low	Limited outdoor walker
<u>م</u> ر مر	Medium	Unlimited outdoor walker
-¢	High	Active walker, sport, high impact activities
Details of activity		

**ACTIVITY LEVEL** 

