



## ORDER FORM - Stabilizer Air Support

Date: \_\_\_\_\_ P.O. # \_\_\_\_\_  
 Account Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Ship To (if different than billing address):**  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Ship Method (charges may vary):**  
 Next Day    2 Day    3 DAY    Ground (Std.)

### Standard Specifications:

- Plush Breathable Laminated Inner Shell (Non Latex)
- Plush Breathable Laminated Outer Shell (Same as Inner)
- Light-weight Plastic Structural Shell
- Padded 1/8" Closed Cell Foam Liner

**Closure:**    Plush Breathable Laminated Calf Cuff with Velcro Strap at top (Std.)  
 **Other:** \_\_\_\_\_

### Patient Info:

Patient Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex:    M    F   Ht: \_\_\_\_\_ Wt: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Primary Activities: \_\_\_\_\_  
 \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Shoe Size: \_\_\_\_\_ Type of Shoes: \_\_\_\_\_

### Additional Information:

Exterior/Interior Color: Black  
 Overall Height of Gauntlet:    7"    9" (Std.)    Other \_\_\_\_\_

### Additional Patient Information:

Primary Function:    Balance/Stability  
 Other \_\_\_\_\_

### Special Instructions:

\_\_\_\_\_  
 \_\_\_\_\_

### Cast Mold Information:

**Correction:**    Leave cast "As-Is"  
 Correct foot/leg to 90°  
 Correct rear foot/heel to neutral

With each shipment, we provide a mid-calf STS casting sock free of charge.

Medium    Large    X-Large  
 None at this time

### Send Cast and Order Form to:

CyberKinetics  
 9435 Provost Rd N.W. Suite 202  
 Silverdale, WA 98383

