



STS CASTING SUPPLIES ORDER FORM

SHIP TO

ACCOUNT NAME _____

ACCOUNT # _____

CLINICIAN _____

ADDRESS _____

CITY _____

PROVINCE _____ POSTAL CODE _____

PHONE _____ FAX _____

EMAIL _____

ORDER SUBMISSION OPTIONS

PLEASE NOTE: *ALL RECEIVED FAXES AND EMAIL WILL BE SENT A CONFIRMATION

① FAX - 604.301.2157

② EMAIL - customerservice@parisorthotics.com

SHIP VIA

Include this order with my next orthotic shipment at no charge

Ship ASAP via UPS - bulk shipping charge will be added to your order

ANKLE CASTING SOCKS (Includes one protective bag)

-sizing	WOMEN'S	MEN'S	QUANTITY	COST
Small	4 - 5.5			
Medium	6 - 10.5	6 - 9.5		
Large	11 - 12	10 - 11.5		
X-Large		12 - 15		
SUBTOTAL			# _____	\$ _____

CASTING MATERIALS	QUALITY	COST (EACH)
Cutting Tube (Reusable)		
Attachment Strips (Reusable)		
STS Scissors (Reusable)		
SUBTOTAL	# _____	\$ _____
TOTAL (Before shipping & taxes)		\$ _____