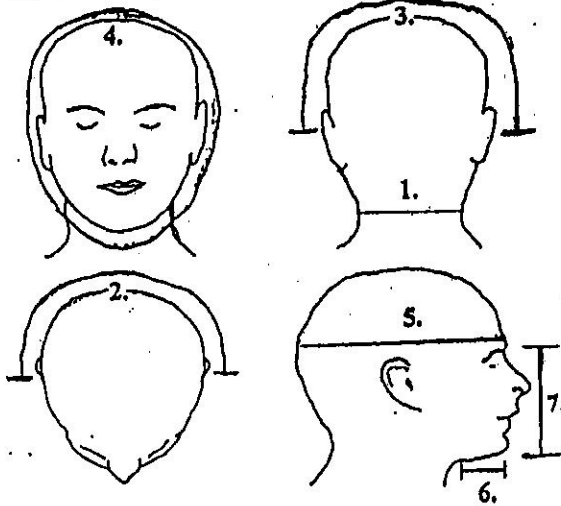


Custom Helmet Order Form



(measurement instructions on pg.11)

Date: _____
 Patient Name: _____
 Facility Name: _____
 Contact Name: _____
 Phone Number: _____
 Fax Number: _____

Helmet Style

___ BT-01 ___ LK99
 ___ CL-2000 ___ CT-05

Measurements

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____
 7. _____

Closure System

___ Loops & Locks
 ___ Loops & Locks w/Turtleneck
Note: All locking closure systems come with standard locks unless an option below is chosen
 ___ C-Clips
 ___ Fastex
 ___ Combination

Dome

___ Padded Dome
 ___ Padded Dome Extra Firm
 ___ Mesh Dome
 ___ Rigid Plastic Dome
 ___ Raised Plastic Dome
Additions to Rigid/Raised Plastic Dome
 ___ External & Internal Padding
 ___ External Padding
 ___ Internal Padding
 ___ Nylon Cover
 ___ Vent Holes
 ___ Dome Flaps Only (For Future Use)

Ear Protectors (Per Pair)

___ Molded Ear Cup
 ___ Molded Ear Cup w/ Padding & Cover
 ___ Padded Ear
 ___ Extra Firm Ear
 ___ Mesh Ear
 ___ Ear Flaps Only (For Future Use)

Face Shields/Guards

___ Plastic Face Shield
 ___ Plastic Face Shield w/Extra holes
 ___ 1/2 Plastic Face Shield
 ___ 1/2 Plastic Face Shield w/Snaps
 ___ Metal Face Guard
 ___ Metal Face Guard w/ Cut Out
 Please Specify: _____
 ___ Shield Flaps Only (For Future Use)

Additions

___ Extended Forehead Padding
 ___ Chin Roll
 ___ Visual Screen
 ___ Grommets Under Chin

Ordered By: _____

Printed Name _____

Signature _____

Disclaimer: Eastern Pedorthics is not responsible for improper use, injury or death while helmet is in use.