



5454 County Rd. 141, St. Cloud, MN 56301

218-330-6268

info@biodaptinc.com

Order Form:

Date: _____

Customer Name: _____ P/O# _____

Prosthetist name and company (if applicable): _____

Billing address/contact info:

Company- _____

Attn. _____

Street- _____

City- _____ State- _____

Postal Code- _____

Phone# _____

Email- _____

Signature- _____

Shipping Address:

Company- _____

Attn. _____

Street- _____

City- _____ State- _____

Postal Code- _____

Phone# _____

Email- _____

See **Biodapt Catalog** for part information. Put foot size in place of ** in cm measurement.

QTY.	Part #	Description	Size

Reason for amputation: Accident military injury congenital other

Male/Female Age: _____ Height: _____ Weight: _____ Shoe size: _____

Prosthesis build height (heel to top adapter): _____

List a few activities you want to do with the equipment: _____
