

# Levy<sup>®</sup>Rappel

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Fax: 973-478-1760  
www.Levyandrappe.com

# Levy<sup>®</sup>Diabetic

Date: \_\_\_/\_\_\_/\_\_\_

**BILL TO:**

Account Name: .....

Address: .....

City: ..... State: ..... Zip: .....

Phone: ( ) ..... Fax: ( ) .....

PO Number: .....

E-Mail: .....

SHIP TO: Same As Billing Address

Account Name: .....

Address: .....

City: ..... State: ..... Zip: .....

Phone: ( ) ..... Fax: ( ) .....

Casting Contact: .....

E-Mail: .....

**PRIORITY EXPEDITED SERVICES:** (Guaranteed Manufacturing Time - See website for details)

- Same Day Service (Additional charge \$200.00)
- One Day Service (Additional charge \$100.00)
- Two Day Service (Additional charge \$75.00)
- Three Day Service (Additional charge \$50.00)

**PATIENT INFO:**

Name: ..... Gender: ..... Weight: ..... Age: ..... Height (inches): .....

Shoe Size (required): ..... Shoe Style: .....  Shoes Enclosed  Insoles Enclosed  Tracing Enclosed

*\*The styles below have been PDAC approved*

*Levy & Rappel is not liable for orders placed that do not meet Medicare/PDAC guidelines.*

## Levy<sup>®</sup>Diabetic

Ordering:  Pair  Left Only  Right Only

Quantity:    \_\_\_    \_\_\_    \_\_\_

**Additions / Extensions**

Toe Prosthesis  
 Pair    Left Only    Right Only

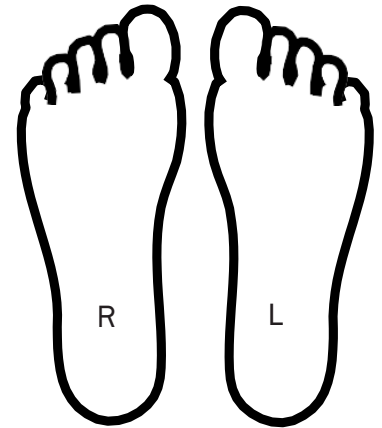
Quantity:    \_\_\_    \_\_\_    \_\_\_

Transmet Prosthesis  
 Pair    Left Only    Right Only

Quantity:    \_\_\_    \_\_\_    \_\_\_

Metatarsal Raise    R    L  
 Pad                    Bar  
 Low 1/8"            Medium 3/16"    High 1/4"

Cut Outs:  R  L  
(mark on cast or form)



**SPECIAL INSTRUCTIONS:**

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