myfit™
it's all about you

Pillow Order Form

1 ACCOUNT INFORMATION

PRACTIONER NAME _____ ACCOUNT # _____

CLINIC NAME _____

PHONE(_____)_____ FAX(_____)_____

E-MAIL ADDRESS_____

ADDRESS_____

CITY _____ STATE/PROVINCE_____ ZIP/POSTAL CODE_____

2 PATIENT'S NAME

☐ Male ☐ Female Age _____

NECK WIDTH

From the back, measure the middle of the neck's width.

TORSO WIDTH

Make sure arms are slightly raised from their sides. From the back, measure the torso under the arms.

3 MEASUREMENTS

Height _____ft _____in Neck Width _____cm

Weight _____lbs Torso Width_____cm

4 SHIPPING

☐ REGULAR DELIVERY (FREE) ☐ EXPRESS DELIVERY (Call for Pricing)

SPECIAL INSTRUCTIONS

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HOW TO ORDER FROM FOOTMAXX

EMAIL cs@footmaxx.com **FAX** 540.204.4019 • 24-hour dedicated line

MAIL Footmaxx (US) • 518 Pocahontas Ave. • Roanoke, VA 24012
Footmaxx (CA) • 151 Brunel Rd, Unit 29 • Mississauga, ON L4Z 2H6