

A revolutionary new pediatric orthotic solution

	TEPS® hotics Pairs	littleSTEPS® Gait Plate Pairs	
Pairs	Qty.	Pairs	Qty.
Size 00		Size 00	
Size 0		Size 0	
Size 1		Size 1	
Size 2		Size 2	
Size 3		Size 3	
Size 4		Size 4	
Size 5		Size 5	
Size 6		Size 6	
Size 7		Size 7	
Size 8			
Size 9			
Extras Market Widget	ing Kit	_	

		SIZE	MODEL	U.S. KIDS	U.S. MEN	U.S. WOMEN	EURO
		9	YOUTH/ADULT*	7.5 to 8.5	7.5 to 8.5	9 to 10	41 to 42
		8	YOUTH/ADULT*	6 to 7	6 to 7	7.5 to 8.5	39 to 40
izin	Γ	7	YOUTH/ADULT*	4.5 to 5.5	4.5 to 5.5	6 to 7	37 to 38
ics	B	6	CHILDREN	3 to 4			35 to 36
힅	littleSTEPS® gait plate sizing	5	CHILDREN	1.5 to 2.5			33 to 34
to	plat	4	CHILDREN	13 to 1			31 to 32
38 fc	gait	3	CHILDREN	11.5 to 12.5			29 to 30
ĕ	PS®	2	CHILDREN	10 to 11			27 to 28
littleSTEPS® foot orthotics sizing	eS TE	1	TODDLER	8.5 to 9.5			25 to 26
	≝	0	TODDLER	7 to 8			23 to 24
	L	00	TODDLER	5 to 6.5			21 to 22
*Youth sizes are roughly equivalent to Men's sizes in length							

SPECIAL ITEMS

Want to customize your orthotics yourself? **Try a Widget Kit!** Kit includes a variety of self-stick wedges, heel lifts, and met mounds. Widget Kit _____ (\$25 ea.)



DON'T FORGET A FITCHAIN!

11 Pr. Fitting Set \$50 1 foot ea. of all 11 sizes on a convenient keychain

_____Fitchains

littleSTEPS® foot orthotics Kits

Kits	Qty.
Full Starter Kit	
(1 pair ea. size 00 to size 9)	
Small Sizes Kit (1 pair ea. size 00 to size 4)	
Large Sizes Kit (1 pair ea. size 4 to size 9)	

littleSTEPS® gait plates Kits

Kits	Qty.
Full Starter Kit	
(1 pair ea. size 00 to size 7)	
Small Sizes Kit	
(1 pair ea. size 00 to size 3)	
Large Sizes Kit	
(1 pair ea. size 3 to size 7)	

little STEPS® is a product of NOLARO21 maker of the QUADRASTEP SYSTEM®

Orders may be phone, faxe Email: orders@nolaro24.c	d or emailed to: Tel: 877.792.4669 om	Fax: 203.758.1011	
Office Name:		Phone ()	
		Fax ()	
		PO#	
Patient Name:			
Ship To:			
•	Address:		
		StateZip	
Bill To: (if different)			
Name:	Address:		
Credit card and billing address (if different): Keep credit card on file for future orders Y N Invoice Name: Street or P.O. # Zip			
Account #	Exp Co	CCV Visa_ MC_ Amex_ Disc_	
	CUSTOMER#	DATE	
Return Policy: Items may be returned for	or credit unused and undamaged in original packagi	ging within 30 days of purchase with copy of original receipt.	