

Customer Name _____
Practitioner _____
Address _____
Phone No. _____

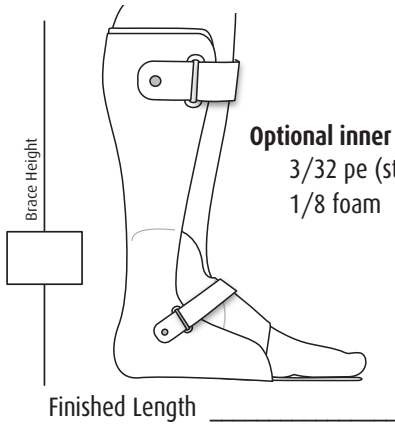
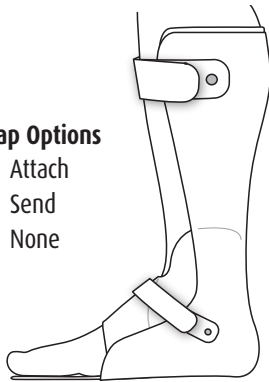
Patient Name _____
 Left Right Bilateral
Age _____ Sex _____ Height _____ Weight _____
Diagnosis _____
Date Required _____
OPService/NGencounter: _____

Lateral View

Medial View

Strap Options

- Attach
- Send
- None



Brace Height _____

Optional inner boot
3/32 pe (standard)
1/8 foam

Finished Length _____

Right Ankle Alignment

- Neutral As Casted
- _____ ° Dorsi /Plantar

Casting Block Height _____

Shank to Vertical Angle _____

Left Ankle Alignment

- Neutral As Casted
- _____ ° Dorsi /Plantar

Casting Block Height _____

Shank to Vertical Angle _____

Right Heel Alignment

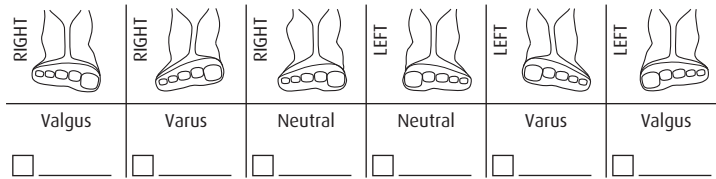
- Neutral As Casted
- Correct To _____

Left Heel Alignment

- Neutral As Casted
- Correct To _____

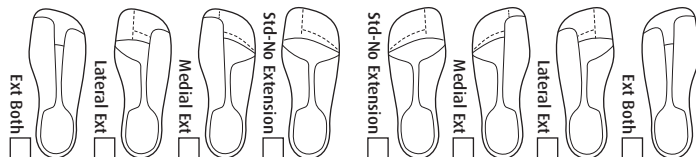
Forefoot Alignment

Please indicate finished post height — inches or centimeters.



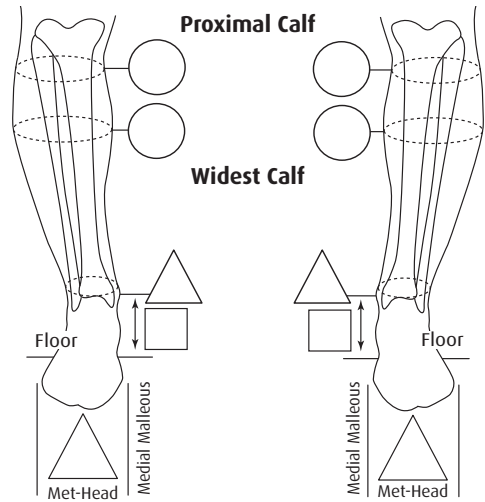
Dorsal Extension - Control Forefoot Right

Dorsal Extension - Control Forefoot Left



Right Side

Left Side



Tone Inhibiting Modifications

None Moderate Aggressive

Supramalleolar Varus/Valgus Control Tab

Right Medial Lateral | **Left** Medial Lateral

Straps White Strap Standard Other _____

Pads White Pad Standard Other _____

Additional Padding

- Posterior Proximal Calf
- Navicular
- Other _____

Posting/Wedging

- None Heel Post
- Fixed Wedge Loose Wedge
- Wedge Heel to _____

Pattern Transfer _____

Other Add-Ons

Anterior Panel

Double Foot Plate

Reinforced Ankle

Toe Plate Lip

Right Shoe Modifications

Lift Height _____ Heel Wedge _____

Rounded Rocker % _____

Point Loading % _____

Heel Profile

Plain Positive Negative

Left Shoe Modifications

Lift Height _____ Heel Wedge _____

Rounded Rocker % _____

Point Loading % _____

Heel Profile

Plain Positive Negative

SPECIAL NOTES

FAB USE ONLY

Date Received _____

Order # _____