

Bill To: _____
Address: _____

Ship To: _____
Address: _____

Practitioner: _____
Phone #: _____

Patient Name: _____

Height: _____ Weight: _____ Age: _____

Left Male Caucasian K-1
 Right Female Other K-2
 K-3
 K-4

OPS invoice / NG encounter: _____

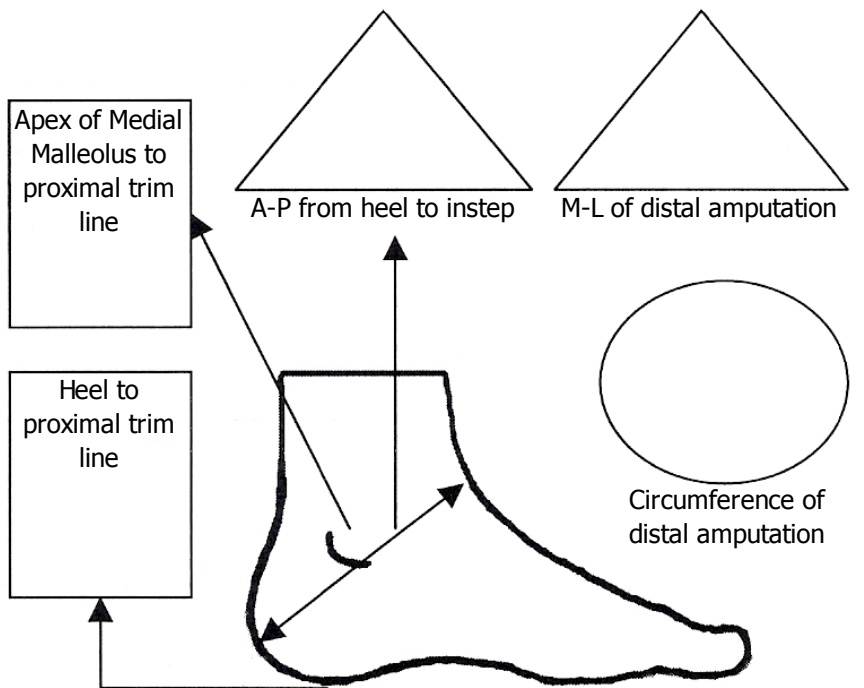
Order Date: _____

In-Office Request Date: _____ am pm

STANDARD
Standard Silicone Partial Foot Includes:
• 1/4" Silicone End Pad

NON-STANDARD OPTIONS

- Silicone with Zipper
- Silicone Slipper Style
- Leather Lace Front
- Toe Filler
- Install Carbon Plate
 - Very Soft Firm
 - Soft X Firm
 - Med XX Firm
- Install Toes
Type: _____
- Add Distal End Pad
Type: _____



- | | | | | | | | |
|----------|---|----------|---|----------|--|----------|-------------------------------------|
| 1 | We must have a shoe to fabricate prosthesis | 2 | Please draw alignment lines on the cast | 3 | Please mark the desired height on cast | 4 | Please cast patient in 90° position |
|----------|---|----------|---|----------|--|----------|-------------------------------------|

SPECIAL INSTRUCTIONS:
