



Patient Name: _____
 DX: _____
 Age: _____ Height: _____ Weight: _____
 Left Right Bilateral

Company: _____
 Location: _____
 Contact: _____ Phone: _____
 PO#: _____ Date Needed: _____

CORRECTION, (Desired Finished Brace Alignment):

REQUIRED	FINISHED DORSI / PLANTAR ALIGNMENT (Required)	<input type="checkbox"/> As Is <input type="checkbox"/> 90 <input type="checkbox"/> Other	<input type="text" value=""/> Deg.	<input type="checkbox"/> Dorsi <input type="checkbox"/> Plantar	Heel Height: _____
REQUIRED	FINISHED HINDFOOT ALIGNMENT (Frontal Plane) (Required)	<input type="checkbox"/> As Is <input type="checkbox"/> Neutral <input type="checkbox"/> Reduce 1/2 <input type="checkbox"/> Other	<input type="text" value=""/> Deg.	<input type="checkbox"/> Varus <input type="checkbox"/> Valgus	
REQUIRED	FINISHED FOREFOOT ALIGNMENT (Frontal Plane) (Required)	<input type="checkbox"/> As Is <input type="checkbox"/> Neutral <input type="checkbox"/> Reduce 1/2 <input type="checkbox"/> Other	<input type="text" value=""/> Deg.	<input type="checkbox"/> Supination <input type="checkbox"/> Pronation	

Other Required Specifications

REQUIRED	Proximal Trim, (Finished Height): <input type="checkbox"/> 10" (Standard) <input type="checkbox"/> Other: _____	REQUIRED	Closure System: <input type="checkbox"/> Lacing (Standard) <input type="checkbox"/> Velcro Multi-Strap
REQUIRED	Footplate: <input type="checkbox"/> Prox to Mets (Standard) <input type="checkbox"/> Sulcus <input type="checkbox"/> Full Foot Finished foot length: <input type="text" value=""/>		

Special Instructions:

V012814

Date:

Job Number: