



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

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

CORRECTION, (Desired Finished Brace Alignment):

FINISHED DORSI / PLANTAR ALIGNMENT
(Required)

As Is 90 Other

Dorsi
 Deg. Plantar

FINISHED HINDFOOT ALIGNMENT
(Frontal Plane)
(Required)

As Is Neutral Reduce 1/2

FINISHED FOREFOOT ALIGNMENT
(Frontal Plane)
(Required)

As Is Neutral Reduce 1/2

Proximal Trim, (Finished Height):

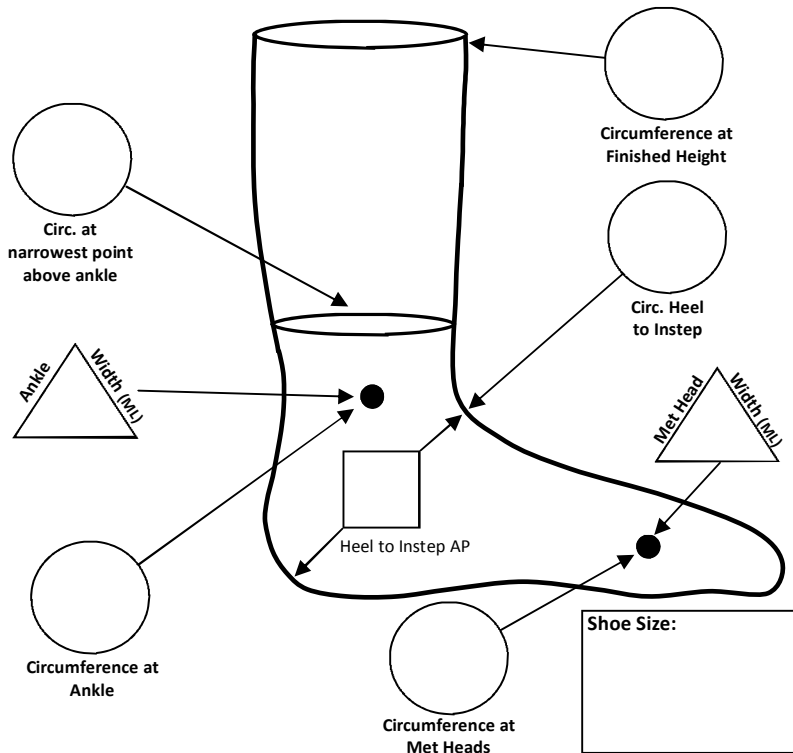
- 6"
- 7" (Standard)
- Other: _____

Closure System:

- Lacing
- Velcro 2-Strap, (Calf, Instep)

Special Instructions:

PATIENT'S ANATOMICAL MEASUREMENTS



V091312

Date: _____

Job Number: _____