

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

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

- Non-Ambulatory
 Transfers
 Therapeutic
 Household
 Community
 High: Running / Jumping

CORRECTION, (Desired Finished Brace Alignment):
**FINISHED
DORSI / PLANTAR
ALIGNMENT**

-
- 90
-
- As Casted
-
- Other

 Dorsi
 Deg. Plantar

**FINISHED
HINDFOOT
ALIGNMENT**

-
- Neutral
-
- As Casted
-
- Other

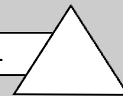
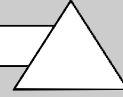
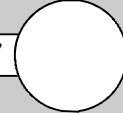
 Varus
 Deg. Valgus

**FINISHED
FOREFOOT
ALIGNMENT**

-
- Neutral
-
- As Casted
-
- Other

 Pronated
 Inch. Supinated

PT. MEASUREMENTS, (Anatomical):

Ankle ML  Heel to Instep AP
 Met ML  **Finished Height**
 10" Standard
 Other:
 Circ. at 10" 

**MATERIAL
& COLOR**

Note: Synthetics offer slightly less bulk, & are easier to clean. Natural is more durable & provides slightly more stiffness

SYNTHETIC

-
- Black
-
- White
-
- Beige

NATURAL

-
- Glazed Russet
-
- Black
-
- White
-
- Beige
-
- Brown

**TRIM
OPTIONS**

- Met Trim (Std.)
 Sulcus Trim leather only
 Sulcus Trim leather & Plastic
 Full Foot leather only
 Full Foot leather & Plastic
 Club Trim
 Rev. Club Trim
 Tamarack Articulation:
 Free Motion
 Dead Stop
 Elite Adjustable Stop

PLASTIC

-
- 3/32" PP (Std.)
-
- 1/8" PP
-
-
- 5/32" PP
-
- Other: _____

PADDING

-
- Removable Inlay
-
-
- Pink Trilam
-
- White Trilam

Other Padding: Type: _____

Location: _____

**CLOSURE
OPTIONS**

- Velcro
 All
 Top Strap
 Top 2 Straps
 Instep
 Forefoot Layerover
 Eyelets
 All
 Inside Shoe
 Speed Hooks
 Outside Shoe
 D-rings
 All
 Inside Shoe
 Outside Shoe
- For Velcro**
 Top Strap: 1" 1.5" 2"
 2nd. Strap: 1" 1.5" 2"
 Instep Strap: 1"
- Chafe Location**
 Med Lat
 Med Lat
 Med Lat

Additional Instructions:

V080612

Date: _____

Job Number: _____