



Patient Name: \_\_\_\_\_  
 DX: \_\_\_\_\_  
 Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Left  Right  Bilateral

Company: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 PO#: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Non-Ambulatory  Transfers  Therapeutic  Household  Community  High Activity

**DEVICE**  AFO  SMO  UCBL  FLOOR REACTION AFO  CLAMSHELL AFO  PTB AFO

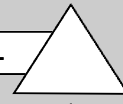
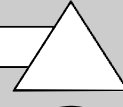
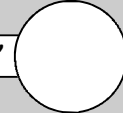
**CORRECTION, (Desired Finished Brace Alignment):**

**FINISHED DORSI / PLANTAR ALIGNMENT**  
 As Casted  90  Other \_\_\_\_\_  
 Heel Height: \_\_\_\_\_  
 Deg.  Dorsi  Plantar

**FINISHED HINDFOOT ALIGNMENT**  
 As Casted  Neutral  Other \_\_\_\_\_  
 Deg.  Varus  Valgus

**FINISHED FOREFOOT ALIGNMENT**  
 As Casted  Neutral  Other \_\_\_\_\_  
 Inch.  Pronated  Supinated

**PT. MEASUREMENTS, (Anatomical):**

Ankle ML  Heel to Instep AP \_\_\_\_\_  
 Met ML  Finished Height \_\_\_\_\_  
 Circ. at 10"  \_\_\_\_\_  
 Mark any other measurements on back

**MODIFICATIONS**  Met Pad  ST Mod  Prox. Flair Straight  Prox. Flair with 1/2" Dip  Strong Teardrop Heel Contour

**ARTICULATION**

Tamarack:  P  M  L  DO NOT CUT ARTICULATION AT THIS TIME  
 Oklahoma:  P  S  M  L  XL  Plantar-flexion Stop:  Dead Stop  Snap Stop  Elite Adjustable  DFA Spring Elite  Becker 755  
 Straight  Dorsi-Assist  75  85  95  Free Motion  
 Other Joint and/or Stop: \_\_\_\_\_

**Materials**

**Posterior Materials**

<input type="checkbox"/> Polypro <input type="checkbox"/> 3/32"	<input type="checkbox"/> Liner	<input type="checkbox"/> Pads	<input type="checkbox"/> Location	<input type="checkbox"/> Inlay	<b>Anterior Materials</b>
<input type="checkbox"/> Copoly <input type="checkbox"/> 1/8"	<input type="checkbox"/> Aliplast <input type="checkbox"/> 1/8"	<input type="checkbox"/> Aliplast <input type="checkbox"/> 1/8"	_____	<input type="checkbox"/> Pink 3-Lam	<input type="checkbox"/> Polypro <input type="checkbox"/> 3/32"
<input type="checkbox"/> Other <input type="checkbox"/> 5/32"	<input type="checkbox"/> P-Cell <input type="checkbox"/> 3/16"	<input type="checkbox"/> P-Cell <input type="checkbox"/> 3/16"	_____	<input type="checkbox"/> White 3-Lam	<input type="checkbox"/> Copoly <input type="checkbox"/> 1/8"
<input type="checkbox"/> 3/16"	<input type="checkbox"/> 1/4"	<input type="checkbox"/> 1/4"	_____	<input type="checkbox"/> P-Cell	<input type="checkbox"/> LDPE <input type="checkbox"/> 5/32"
<input type="checkbox"/> 1/4"	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Aliplast <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"	<input type="checkbox"/> MPE <input type="checkbox"/> 3/16"
Color: _____		Transfer Paper: _____		Liner	
				<input type="checkbox"/> Aliplast <input type="checkbox"/> P-Cell <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"	

**TRIM OPTIONS**

Solid Ankle  Full Foot — Finished Length: \_\_\_\_\_  
 Semi-Solid Ankle  Sulcus  Met \_\_\_\_\_  
 PLS  Club Trim  Rev Club Trim  Dorsal Wrap  Medial Sab.  Lateral Sab.  Padded  Heel Post:  M  L  Entire  
 FF Post:  M  L  Entire  Balance Forefoot Post to Neutral

**STRAP OPTIONS**

**CALF**  1.5"  Std. White  Strap Pad  Chafe:  Med  Lat  
**INSTEP**  1"  Std. White  1.5"  Strap Pad  Chafe:  Med  Lat  
**COLOR**  Bge  Pnk  Blk  Pur  Blu  Red  Grn  Yel  
**BANJO**  Standard Cow & Aliplast  Narrow Fabric Covered Attached:  Med  Lat

ADDITIONAL OR SPECIAL INSTRUCTIONS ON BACK

V053112

Date: \_\_\_\_\_

Job Number: \_\_\_\_\_

**ADDITIONAL INSTRUCTIONS**

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