



# Andro Brace Order Form

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Livermore Falls, ME 04254

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www.pinetreeorthopedic.com

Doctor/Facility: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_ Customer Ref # \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  
 Left                       Right                       Bi - Lateral  
 Diagnosis/  
 Observations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Age: \_\_\_\_\_ Weight: \_\_\_\_\_  Male  Female Shoe Size: \_\_\_\_\_ Shoe Style: \_\_\_\_\_

### Brace Options

Please complete this entire section. Missing information may cause production delays.

**Color:**     Black    Brown    Tan    Beige    Taupe    White    Lt. Blue    Pink

**Closure:**    Lace    Combo (Lace w/ velcro strap)    Velcro    Lace w/ Speed Hooks    Other (Describe Below)

**Height:**                       7"                       9"                       6" (Rolled Collar)                       As Marked on Cast  
 \*\* Height is measured from base of heel to top of collar. Orders for braces over 9" are subject to additional charges.

**Control:**                       Less (flexible)                       Medium (Semi Rigid)                       Maximum (Firm)

**Heel Type:**                       Solid                       Open w/Leather Cover                       Open (Please mark cast)  
 \* Open heels reduce the overall structural support of the brace. Open heels should only be used in extreme cases.

**Foot Plate Trim Length:**                       Proximal to Met Heads                       Sulcus                       As Marked

### Special Modifications/ Instructions

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Cast Preparation

**Ankle Correction:**     As Casted     Correct to 90°  
**Forefoot Correction:**     As Casted     Correct to Neutral

### STS Sock Return

Yes, return a  Medium  Large STS Sock with this order.