



EXOFLEX ORDER FORM

175 Park Street
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.

Control: Medium (Semi Rigid) Maximum (Firm)
 ** Patient weight is used to determine material thickness. If no weight is given, material thickness will not be adjusted.

Height: 7" 9" As Marked on Cast
 ** Height is measured from base of heel to top of brace. **Cast must be 1" above desired brace height.**

Foot Plate Trim Length: Proximal to Met Heads Sulcus Full Foot Extension As Marked
 **Length of Plastic Only

Padding Extension: Sulcus Full Foot Extension Cut to shoe size
 **Leave blank for met length

Padding Thickness 1/8" Swirl EVA 1/16" Swirl EVA 1/8" Plastazote

Special Options Use Extrinsic Rearfoot Post (Additional charges apply)

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.