



Andro Gauntlet Brace Order Form

www.pinetreeorthopedic.com

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Doctor/Facility: _____ Date: ____/____/____
Address: _____ Customer Ref # _____

Phone: (____) _____ - _____

Patient Name: _____

☐ Left ☐ Right ☐ Bi - Lateral

Diagnosis/
Observations

Age: _____ Weight: _____ ☐ Male ☐ Female Shoe Size: _____ Shoe Style: _____

COLOR
☐ Black ☐ Brown ☐ Tan ☐ Beige ☐ Taupe ☐ White ☐ Light Blue ☐ Pink
☐ Black Dri-Lex™ ☐ Tan Dri-Lex™ ☐ Charcoal Dri-Lex™ ☐ Silver Dri-Lex™

CLOSURE
☐ Lace ☐ Combo (Lace w/Velcro 1" Velcro Strap) ☐ Velcro® (Three Velcro Straps) ☐ Lace w/ Speed Hooks ☐ Other (Describe below)

HEIGHT
☐ 7" Padded Collar ☐ 9" Padded Collar ☐ 6" Rolled Collar ☐ As Marked on Cast (Braces above 9" may incur additional fees) ☐ Andro LLA (Please indicate height on cast)
****PLEASE NOTE: BRACE HEIGHT IS FROM FLOOR TO TOP OF COLLAR****

CONTROL
☐ Less (Flexible) ☐ Medium (Semi-Rigid) ☐ Maximum (Firm) ☐ Use _____
☐ Pro Comp (rigid composite) (Specify material of your choice)

HEEL
☐ Solid ☐ Open Plastic/Leather Covered ☐ Open

LENGTH
Thermoplastic Shell Length: _____ Extend Leather & Padding To: _____
☐ Met Heads ☐ Sulcus ☐ Full Foot ☐ As Marked ☐ Sulcus ☐ Full Foot ☐ Other _____

CAST PREPARATION

☐ AS CASTED
☐ Correct Ankle
☐ Varus/Valgus ☐ Dorsi/Plantarflexion
☐ Correct Forefoot to Neutral

STS Sock Return

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

SPECIAL INSTRUCTIONS

Please be sure that casts submitted are an accurate representation of the patient's foot/leg alignment. Casts that are in extreme and preventable positions will be subject to additional fees for the time/resources needed to modify the cast to a useable level. If you have any questions about casting procedures, please feel free to call us BEFORE casting the patient and we will be more than happy to assist you. ©2018 PTOL Inc. Rev. 918v1