Pine Tree ORTHOPEDIC LAB

DELUXE EXOFLEX ARTICULATING

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: _____

PLASTIC TYPE

❍ Polypropylene
❍ Co-Poly
❍ Pro Comp

COLOR

❍ Black ❍ White
❍ Flesh ❍ Clear (Polypropylene Only)

THICKNESS

❍ 1/8" (Flexible)
❍ 5/32"
❍ 3/16"
❍ 1/4" (Firm)

LEATHER

❍ Black
❍ Tan
❍ _____

CLOSURE

❍ Velcro® Straps ❍ Lace ❍ Lace With Hooks ❍ Speed Lace

HEIGHT

❍ 9" Standard ❍ Other: _____"

Height is from FLOOR to top of brace

TYPE

❍ Solid Posterior Calf ❍ **"H"** Design

FOOT PLATE LENGTH

❍ Met Heads
❍ Sulcus
❍ Full Foot

TRIM LINES

❍ Standard AFO Trim Lines
❍ Low profile foot plate
❍ Use _____

_____

JOINT

❍ Tamarack Flexure Joint™ ❍ Tamarack Dorsi-Assist™ ❍ Launchpad Pivot (low-profile)

PADDING THICKNESS

❍ 1/16"
❍ 1/8"
❍ 3/16"
❍ 1/4"

MATERIAL

❍ P.Cell
❍ EVA Swirl
❍ Volara
❍ _____

Extend Padding To:
❍ Sulcus
❍ Full Foot

SPECIAL INSTRUCTIONS

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

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. Rev. 918v1