



EXOFLEX ARTICULATING ORDER FORM

www.pinetreeorthopedic.com

175 Park Street • Livermore Falls, ME 04254 Toll Free: 1-855-735-PTOL Fax: (207) 897-1117 email: info@pinetreeorthopedic.com

Doctor/Facility:	_____	Date: ____/____/____
Address:	_____ _____ _____	Customer Ref # _____
Phone: (____) _____ - _____		
Patient Name:	_____	
	<input type="radio"/> Left	<input type="radio"/> Right <input type="radio"/> Bi - Lateral
Diagnosis/ Observations	_____ _____ _____	
Age: _____	Weight: _____	<input type="radio"/> Male <input type="radio"/> Female Shoe Size: _____ Shoe Style: _____

PLASTIC TYPE	<input type="radio"/> Polypropylene	COLOR	<input type="radio"/> Black	<input type="radio"/> White	<input type="radio"/> Transfer Paper Design	THICKNESS	<input type="radio"/> 1/8" (Flexible)
	<input type="radio"/> Co-Poly		<input type="radio"/> Flesh	<input type="radio"/> Clear (Polypropylene Only)	(refer to Transfer Paper sell sheet)		<input type="radio"/> 5/32"
	<input type="radio"/> Pro Comp						<input type="radio"/> 3/16"
							<input type="radio"/> 1/4" (Firm)

CLOSURE	<input type="radio"/> Two 1" Straps			<input type="radio"/> 2" Top Strap, 1" Lower Strap	<input type="radio"/> Other: _____

HEIGHT	<input type="radio"/> 9" Standard	<input type="radio"/> _____"	TYPE	<input type="radio"/> Solid Posterior Calf	<input type="radio"/> Double Upright	<input type="radio"/> "H" Design
	Height is from FLOOR to top of brace					

FOOT PLATE LENGTH	<input type="radio"/> Met Heads	TRIM LINES	<input type="radio"/> Standard AFO Trim Lines	<input type="radio"/> Use _____ _____
	<input type="radio"/> Sulcus		<input type="radio"/> Low profile foot plate	
	<input type="radio"/> Full Foot			

JOINT	<input type="radio"/> Tamarack Flexure Joint™	<input type="radio"/> Tamarack Dorsi-Assist™	<input type="radio"/> Launchpad Pivot (low-profile)

PADDING THICKNESS	<input type="radio"/> 1/16"	MATERIAL	<input type="radio"/> P.Cell	Extend Padding To:	SPECIAL INSTRUCTIONS	
	<input type="radio"/> 1/8"		<input type="radio"/> EVA Swirl			<input type="radio"/> Sulcus
	<input type="radio"/> 3/16"		<input type="radio"/> Volara			<input type="radio"/> Full Foot
<input type="radio"/> 1/4"	<input type="radio"/> _____					

CAST PREPARATION
<input type="radio"/> AS CASTED
<input type="radio"/> Correct Ankle <input type="radio"/> Varus/Valgus <input type="radio"/> Dorsi/plantarflexion
<input type="radio"/> Correct Forefoot to Neutral
STS Sock Return
Yes, return a <input type="radio"/> Medium <input type="radio"/> 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. ©2018 PTOL Inc. Rev. 918v1