

Account: _____

Ship To: _____

Practitioner: _____

Phone #: _____

Patient: _____

Age: _____ ☐ Male ☐ Female

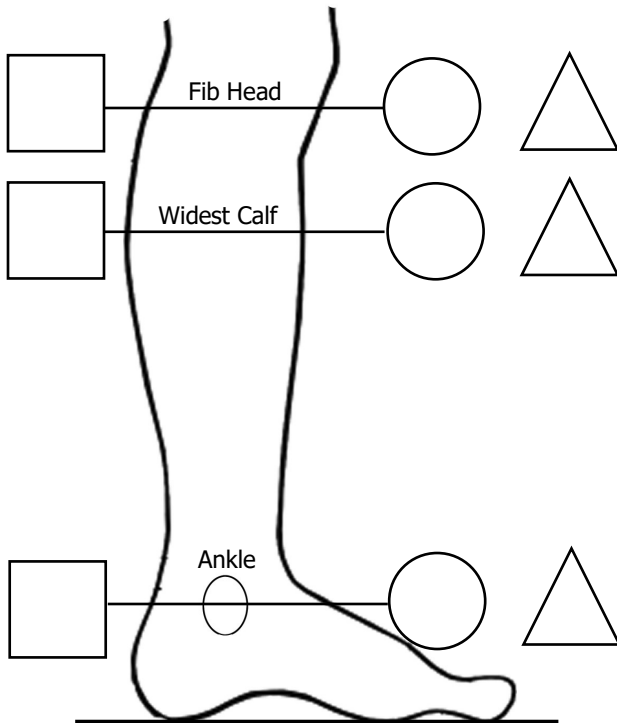
Wt: _____ Shoe Size: _____

PO Number: _____

TRIM HEIGHT

_____ "

(Measure from floor to top of brace)



CAST PREPARATION

- ☐ LEAVE AS CAST
- ☐ Correct Ankle
- ☐ Varus/Valgus ☐ Dorsi/Plantarflexion
- ☐ Correct Forefoot to Neutral

LAB USE ONLY

Order ID: _____

DI ____/____/____ QC: _____

DEVICE TYPE

- ☐ UCBL ☐ SMO ☐ PLS
- ☐ Solid Ankle AFO ☐ Articulated AFO
- ____ Semi-solid trim ____ Tamarack™ Flexure ____ Tamarack™ Dorsi-Assist
- ____ Solid trim ____ Oklahoma Joint ____ FC2
- ____ Gaffney Other: _____
- ☐ Posterior Stop
- ____ Plastic 90 Degree ____ Adjustable Elite Stop
- ____ Adjustable TC Stop ____ Snap Stop™
- ____ D2 ____ D1 ____ N ____ P1

PLASTIC

- ☐ Poly Pro ☐ Co-Poly ☐ PE Thickness: _____
- ____ Clear ____ Black ____ Flesh ____ White
- ☐ Transfer Paper Design _____
- (refer to Transfer Paper sell sheet)

TRIM OPTIONS

- ☐ Full Foot ☐ Sulcus ☐ Met Heads
- ☐ "H" Back Calf Section ☐ Sablich Trim ____ Medial ____ Lateral

LINER

- ☐ Material _____ Thickness _____

STRAPS

- ☐ Calf ____ 2" ____ 1.5" ☐ Dacron ☐ CFold
- Include Felt Pad? ____ Yes ____ No ____ No D Ring (Layover Strap)
- ☐ Ankle ____ 1.5" ____ 1" ☐ Dacron ☐ CFold
- Include Felt Pad? ____ Yes ____ No ____ No D Ring (Layover Strap)
- ☐ Other size straps _____

SPECIAL INSTRUCTIONS