

ACCOUNT: _____
SHIP TO: _____

PRACTITIONER: _____
CONTACT # (____) _____

PATIENT: _____
AGE: _____ WEIGHT: _____ ☐ Male
PO# _____ ☐ Female

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 OPTIONS

LEATHER COLORS

- ☐ Black ☐ Brown ☐ Tan ☐ Beige ☐ Taupe ☐ White
☐ Light Blue ☐ Pink

LINING

- ☐ Cream Cow Leather ☐ 3/16" White Volara

TONGUE

- ☐ Standard ☐ Add Low Density PE

CLOSURE

- ☐ 3 Eyelets/Boot Hooks/2 Velcro Straps at Top
☐ Lace with Boot Hooks ☐ Velcro

INSOLE

- ☐ 1/4" Pink Plastizote, 1/4" White Plastizote, EVA Balanced to Mets
☐ Other (please describe) _____

- ☐ Additional Inserts - No. _____

- ☐ 1/4" EVA Filler Under Insert to Accommodate for Edema

SOLING OPTIONS

- ☐ 1/4" EVA Diamond Soling ☐ Vibram Cherry Rubber Soling
☐ Herringbone Rubber Soling

ROCKER SOLE OPTIONS

- ☐ Heel to Toe Rocker (Lab Standard)
☐ Severe Angle Rocker
☐ Negative Heel Rocker
☐ Forefoot Rocker



SPECIAL INSTRUCTIONS

_____ ☐ Continued on Back

In order to ensure proper fit, please supply all requested measurements.

We suggest foot length be measured by tracing patient's foot semi-weight bearing (with toes extended) on paper and measuring the outline. Then add 1/4" to 3/4" (as desired) to find the required footplate length. 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. ©2016 PTOL Inc. Rev. 116