

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

 Phone: (____) _____ - _____

Patient Name: _____

☐ Left ☐ Right ☐ Bi - Lateral

Diagnosis/ Observations: _____ Cast by: _____
 _____ Date: _____

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

COLOR

☐ Black ☐ Light Beige ☐ Tan

☐ Taupe ☐ White

LENGTH

Thermoplastic Shell Length:

☐ Met Heads ☐ Sulcus ☐ As Marked

Padding Length:

☐ Met Heads ☐ Sulcus ☐ As Marked



If order form is not completed, order will be made to these standard specifications:

Color: Black

Ankle and Forefoot corrections: Correct all to 90 degrees

Footplate length: Proximal to Met Heads

Padding length: Proximal to Met Heads

CAST PREPARATION	SPECIAL INSTRUCTIONS
<input type="radio"/> AS CAST <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	