

Doctor/Facility: _____ Date: ____/____/____
 Address: _____ Customer Ref # _____
 Phone: (____) _____ - _____
 Patient Name: _____
☐ Left ☐ Right ☐ Bi - Lateral
 Diagnosis/
 Observations _____
 Age: _____ Weight: _____ ☐ Male ☐ Female Shoe Size: _____ Shoe Style: _____

FOOTPLATE PLASTIC TYPE	<input type="radio"/> Polypropylene	THICKNESS	<input type="radio"/> 1/8" (Flexible)
	<input type="radio"/> Co-Poly		<input type="radio"/> 5/32"
	<input type="radio"/> ProComp		<input type="radio"/> 3/16"
			<input type="radio"/> 1/4" (Firm)
FOOT PLATE LENGTH	<input type="radio"/> Met Heads	TRIM LINES	<input type="radio"/> Standard AFO Trim Lines
	<input type="radio"/> Sulcus		<input type="radio"/> Low profile foot plate
<input type="radio"/> Full Foot			<input type="radio"/> As marked on cast
JOINT	<input type="radio"/> Rivet	<input type="radio"/> Tamarack Flexure Joint™	
		<input type="radio"/> Tamarack Dorsi-Assist™	
PADDING THICKNESS	<input type="radio"/> 1/16"	MATERIAL	<input type="radio"/> P.Cell
	<input type="radio"/> 1/8"		<input type="radio"/> EVA Swirl
<input type="radio"/> 3/16"	<input type="radio"/> Volara		Extend Padding To:
<input type="radio"/> 1/4"	<input type="radio"/> Neolon		<input type="radio"/> Sulcus
			<input type="radio"/> Full Foot



CAST PREPARATION	SPECIAL INSTRUCTIONS
<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	