

Customer ID: \_\_\_\_\_ Order Date: \_\_\_\_\_ PO#: \_\_\_\_\_

### BILLING INFORMATION

Facility: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**SHIPPING INFORMATION**  Same as Billing

Facility: \_\_\_\_\_ Practitioner: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### SHIPPING INSTRUCTIONS

Next Day Air  2nd Day Air  3rd Day Air  Ground

### PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Male  Female Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  LT  RT  BIL  Scan  Cast

Diagnosis/Special Instructions: \_\_\_\_\_

### FABRICATION INSTRUCTIONS

#### TYPE OF AFO/KAFO

- |  |   |
|--|---|
| <input type="checkbox"/> EZ Masterflex                   | <input type="checkbox"/> Supra-Malleolar Masterflex |
| <input type="checkbox"/> Masterflex AFO                  | <input type="checkbox"/> Leaf Spring AFO            |
| <input type="checkbox"/> Solid Ankle AFO                 | <input type="checkbox"/> Convertible AFO            |
| <input type="checkbox"/> Low Profile Articulated AFO     | <input type="checkbox"/> Articulated AFO            |
| <input type="checkbox"/> Unloader AFO                    | <input type="checkbox"/> Partial Foot Prosthesis    |
| <input type="checkbox"/> KAFO (specify knee joint) _____ |   |

#### CAST CORRECTIONS

Leave as casted  Correct to 90 degrees in shoe\*\*

#### HEEL POSTING\*\*

Medial  Lateral  Neutral  
 Heel Cut-out

#### ENCOMPASSING

1st Metatarsal  5th Metatarsal

#### ANKLE STRAPPING

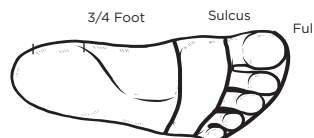
Standard  Dynamic  Layover  No Strap

#### ANKLE STRAP POSITION

Valgus control  Varus control

#### FOOT PLATE LENGTH

Full  Sulcus  3/4"



### MATERIALS

- 5/32" Co-poly  3/16" Co-Poly  3/16" Poly Pro  
 1/4" Poly Pro  1/8" Proflex (inner boot)  
 1/4" Pro-comp\*\*  Pre-preg  
 Color:  White  Black

### ADDITIONS (\*\*ADDITIONAL FABRICATION CHARGE)

- |   |  |
|---|--|
| <input type="checkbox"/> Ankle Reinforcement        | <input type="checkbox"/> Tamarack JTS              |
| <input type="checkbox"/> 90 degree Posterior Stop** | <input type="checkbox"/> Oklahoma JTS              |
| <input type="checkbox"/> Adjusted Posterior Stop**  | <input type="checkbox"/> Dorsi Assist Tamarack JTS |
| <input type="checkbox"/> Free motion                | <input type="checkbox"/> Pad Tibial Shell**        |
| <input type="checkbox"/> Pad Footplate**            | <input type="checkbox"/> Transfer Paper** _____    |
| <input type="checkbox"/> ALL Dacron Straps**        |  |

### MEASUREMENT / CASTING INFORMATION

