

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 BRACE

- IDEO  
 PDE AFO  
 PDE KAFO (Specify knee joint) \_\_\_\_\_  
 PDE Partial Foot Prosthesis

(All braces lined with 1/8" black firm puff)

#### TEST SOCKET (Prior to definitive)

Yes  No  Take to finish

#### CAST CORRECTIONS

- Leave as casted  Correct to 90 degrees in shoe\*\*  
 Correct cast to 2 degrees of Plantar Flexion\*\*

#### PATIENT'S ACTIVITY LEVEL

K-1  K-2  K-3  K-4

#### PDE STRUT

Specify PDE Strut durometer to be used in brace and any additional struts needed.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### MATERIALS

Wet Lamination  Pre-Preg\*\*

### ANKLE STRAP

Valgus control  Varus control  No strap

### ADDITIONS

- Rigid Anterior Shell (lined with 1/4" black firm puff)  
 Boa Closure System  
 Transfer Pattern\*\* (specify) \_\_\_\_\_  
 PDE Shim Kit\*\*

### MEASUREMENT / CASTING INFORMATION

**SHOE SIZE** (Required information)  
 \_\_\_\_\_

**SHOE SENT WITH CAST?**

Yes  No

**HEEL HEIGHT**

- 3/8"  
 1/2"  
 3/4"  
 Other \_\_\_\_\_

**DEGREE OF TOE OUT**  
 \_\_\_\_\_

(\*Additional fabrication charge)

