

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

- AFO SLEEK (Ultra low-profile)
- AFO (Low profile trim lines)
- AFO (PTB trim lines)
- GRAFO (Rigid anterior swing shell)
- KAFO (Posterior offset knee joints)
- KAFO (Bail lock knee joints)
- KAFO (Drop lock knee joints)
- KAFO (specify knee joint) _____
- Partial Foot Prosthesis with cloud filler
- Chopart Partial Foot Prosthesis with cloud filler

CAST CORRECTIONS

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

POSTERIOR STRUT

- Flexible Moderate Firm Extra Firm

TOE PLATE

- Flexible Moderate Firm

PATIENT'S ACTIVITY LEVEL

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

ENCOMPASSING

- 1st Metatarsal 5th Metatarsal

KAFO THIGH COMPONENT

- Anterior Posterior

ANKLE STRAP

- Valgus control Varus control Figure 8 No strap

INNER BOOT

- Low Profile (Standard) High Profile

ADDITIONS

- Pad Footplate** (Spenco)
- Pad Footplate** (Firm Puff)
- Transfer Pattern** (specify) _____

MEASUREMENT / CASTING INFORMATION

SHOE SIZE (Required information)

SHOE SENT WITH CAST? (Only required for prosthesis with carbon filler)

- Yes No

HEEL HEIGHT

- 3/8"
- 1/2"
- 3/4"
- Other _____

FINISHED AFO HEIGHT

Lateral Side _____

Posterior Side _____

DEGREE OF TOE OUT

(*Additional fabrication charge)

