

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)

