



Customer ID: _____ Order Date: _____ PO# _____

BILLING INFORMATION

Facility: _____ Accounts Payable Email _____
 Address: _____ City: _____ State: _____ Zip: _____

SHIPPING INFORMATION Same as Billing

Facility: _____ Practitioner Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Practitioner Email: _____

SHIPPING INFORMATION Next Day Air 2 Day Air 3 Day Air Ground

*Shipping timeframes are estimates and specific delivery dates cannot be guaranteed.

PATIENT INFORMATION

Last Name: _____ First Name: _____

Male Female Age: _____ Weight: _____ Height: _____ LT RT BIL Scan Cast

Diagnosis/Special Instructions: _____

TYPE OF BRACE

- Gauntlet 3D COMFORT (All TPU)
- Gauntlet 3D PLUS (Recommended for patients over 200 lbs)
 - Plastic Frame
 - Prepreg Carbon Frame
- SMO 3D COMFORT (All TPU)
- SMO 3D PLUS (Plastic Frame only)

HEEL HEIGHT

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

FOOTPLATE LENGTH

- Full Sulcus 3/4



CAST CORRECTIONS

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

ADDITIONS

- Pad Footplate** (Spenco)
- Pad Footplate** (Firm Puff)
- Coloring Option**
 - Black
 - Transfer Pattern (Carbon Frame Only)

ENCOMPASSING

- 1st Metatarsal 5th Metatarsal

CLOSURE OPTIONS

- Lace Figure 8 None

POSTING

- Medial Lateral Neutral

SMO
COMFORT



SMO
PLUS



GAUNTLET
COMFORT



GAUNTLET
COMFORT
**WITH LACER OPTION



GAUNTLET
PLUS

