

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)

