

<b>Patient</b>	Last name:		
	First name:		
	Birth date:	<input type="checkbox"/> Bilateral	<input type="checkbox"/> Left <input type="checkbox"/> Right
	Date cast:		
<b>Practitioner</b>	Last Name:		
	First Name:		
	Title/Credentials:		
	Email:	Phone:	
<b>Billing</b>	Customer/Business name:		
	Street address:		
	City:	State:	Zip:
	PO# / UCAN#:		
<b>Shipping</b>	<input type="checkbox"/> Shipping info is the same as Billing info. <b>-OR-</b>		
	Shipping contact name:		
	Facility name:		
	Street address:		
	City:	State:	Zip:

### Finished Brace Angles

#### ANKLE ALIGNMENT (Dorsiflexion-Plantarflexion)

Correct to 3-4° DF  Correct to \_\_\_\_\_°  DF  PF  Do not correct (cast alignment OK)

#### HINDFOOT ALIGNMENT

Correct to vertical (if misaligned)  Do not correct

#### FOREFOOT ALIGNMENT

NOTE: Drawings show finished orthosis

Choose forefoot alignment. Write posting height if needed— in. or mm.

Valgus	Varus	Neutral	Neutral	Varus	Valgus
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Do not correct - keep as cast.			<input type="checkbox"/> Do not correct - keep as cast.		

### Bottom Stabilization

None— Standard

Heel -OR-  Midfoot -OR-  Both -OR-

Entire bottom stabilized with foam sole -OR-

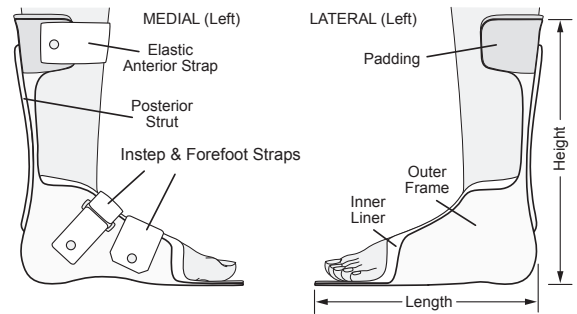
Entire bottom with non-skid cover -OR-

Entire bottom stabilized with both foam sole and non-skid cover

NOTE: Varus or valgus forefoot alignments will receive stabilization on bottom of brace to support posted (raised) region

NOTE: Neutral forefoot alignments will not see foam on toe shelf

### Construction | Features | Options



NOTE: If you don't choose an option, you will receive the Standard.

Posterior Height:  2/3 to 3/4 of lower leg length (Standard)  Specify: \_\_\_\_\_  
NOTE: Cast height must be greater than brace height.

Posterior Strut:  Moderately flexible (Standard)  Very flexible  
 Semi-rigid  Very rigid

Inner Liner:  Softy foam (Standard) (white only; outer frame extends to full-length)  
 OP Flex (additional cost per brace) (outer frame extends full-length)  
 Polyethylene (outer frame trimmed at sulcus)  
 Add extra navicular padding (boney pronators)

Straps: Standard (see drawing)  Add toe abduction strap  
 Change anterior strap to non-stretch

Strap Color:  White (Standard)  Other: \_\_\_\_\_

Transfer Pattern:  No Transfer (Standard)  
 Pattern: \_\_\_\_\_  
NOTE: Outer frame only; additional cost per brace.

Toe Rise and Cuff Padding Color:  White (Standard)  Other: \_\_\_\_\_

### Toe Shelf

Outer Frame:  Full-length  Distal to met. heads  Proximal to met. heads



Standard for Softy foam liner



Standard for Polyethylene liner



Inner Liner:  Flexible — no containment (Standard)  Medial containment  Lateral containment

AND / OR

### Special Instructions

Rush order (adds \$20)

Thank you!