

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

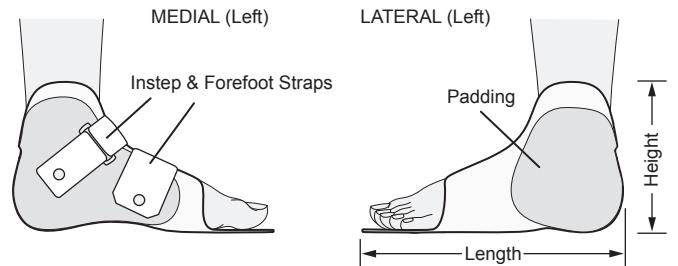
Entire bottom with non-skid cover only **-OR-**

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**.

Height: Above malleoli (**Standard**) Specify: _____

NOTE: Cast height must be greater than brace height.

Padding: Shaded areas above are **Standard**

Add extra navicular padding (boney pronators)

Padding Color: White (**Standard**) Other: _____

Straps: **Standard** (see drawing) Add toe abduction strap

Add Anterior Strap: Non-stretch **-OR-** Elastic

Add Posterior Strap: Non-stretch **-OR-** Elastic

NOTE: straps will increase brace height

Strap Color: White (**Standard**) Other: _____

Transfer Pattern: No Transfer (**Standard**)

Pattern: _____

NOTE: Additional cost per brace.

Toe Shelf

Flexible — no containment

Standard

Medial containment: Soft foam (flexible) Plastic

AND / OR

Lateral containment: Soft foam (flexible) Plastic

Special Instructions

Rush order (adds \$20)

Thank you!