

<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

**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

Midfoot & Medial Heel— **Standard**

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

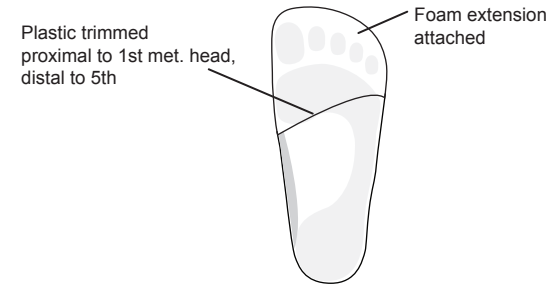
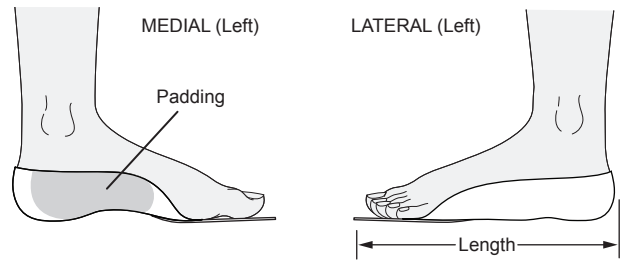
Entire bottom stabilized with foam sole **-OR-**

None

**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**.

**Padding:** Shaded areas above are **Standard**

Add extra navicular padding (bony pronators)

**Padding Color:**  White (**Standard**)  Other: \_\_\_\_\_

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

Pattern: \_\_\_\_\_

**NOTE:** Additional cost per brace.

### Toe Shelf

Very Flexible (**Standard**)  Full length plastic



### Special Instructions

**Rush order** (adds \$20)