

<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-**

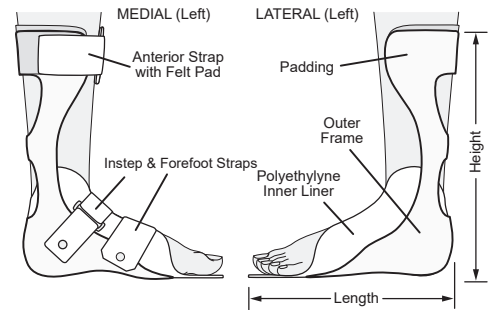
Entire bottom with non-skid cover only **-OR-**

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**.

**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**)     Semi-rigid

**Inner Liner:**  Polyethylene (**Standard**)     Softy foam (white only)     OP Flex (additional cost)

Add extra navicular padding (bone pronators)     Add padding to malleoli

**Straps:** **Standard** (see drawing)     Add D-ring to anterior strap

Add toe abduction strap

**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

AND / OR

Lateral containment

**Special Instructions**

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

**Thank you!**