

<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-**

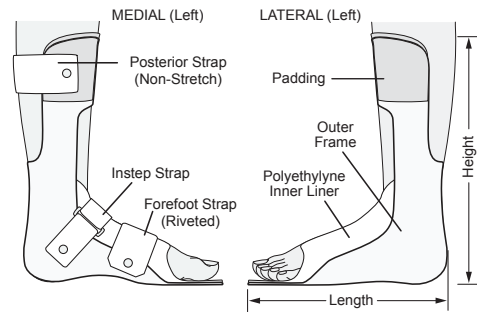
Entire bottom with non-skid cover only **-OR-**

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

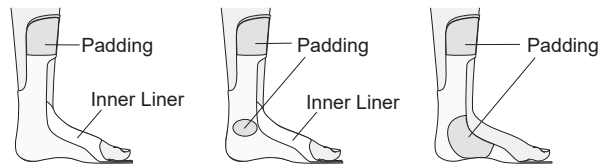


**NOTE:** If you don't choose an option, you will receive the **Standard**.

**Anterior Height:**  ¼ of leg length (**Standard**)  Specify: \_\_\_\_\_

**NOTE:** Cast height must be greater than brace height.

Option 1 **Standard**  Option 2  Option 3 (no liner)



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

Add extra navicular padding (boney pronators)

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

**Straps:** **Standard** (see drawing)

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

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

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

**NOTE:** Outer frame only; 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!**