

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-

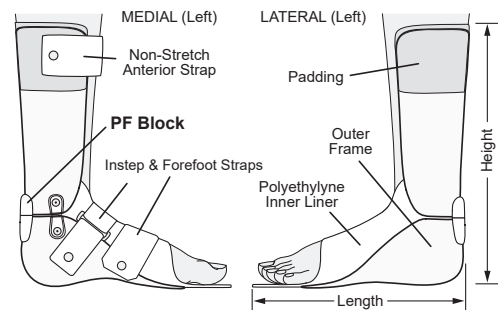
Entire bottom with non-skid cover only -OR-

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.

Hinge Type: Dorsi-assist Tamarack (Standard)
Select Durometer (95 is stiffest):
 75 d (Standard) 85 d 95 d
 Straight Tamarack

Posterior Height: 2/3 to 3/4 of lower leg length (Standard) Specify: _____

NOTE: Cast height must be greater than brace height.

Inner Liner: Polyethylene (Standard) Softy foam (white only) OP Flex (additional cost) None
 Add extra navicular padding (boney pronators) Add padding to malleoli

Straps: Standard (see drawing) 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!