

| | |
|---------------------|---|
| 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. | | |

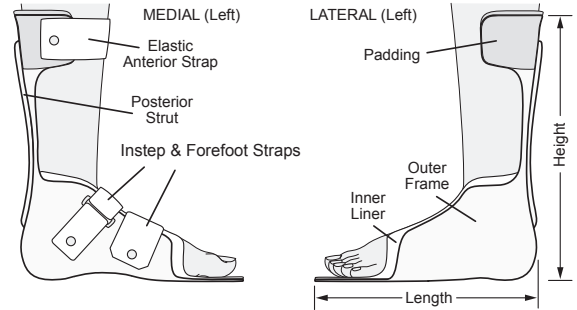
Bottom Stabilization

- ☐ None— **Standard**
- ☐ Heel **-OR-** ☐ Midfoot **-OR-** ☐ Both **-OR-**
- ☐ Entire bottom stabilized with foam sole **-OR-**
- ☐ Entire bottom with non-skid cover **-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: ☐ ¾ to ¾ of lower leg length **(Standard)** ☐ Specify: _____
NOTE: Cast height must be greater than brace height.

Posterior Strut: ☐ Moderately flexible **(Standard)** ☐ Very flexible
☐ Semi-rigid ☐ Very rigid

Inner Liner: ☐ Softy foam **(Standard)** (white only; outer frame extends to full-length)
☐ OP Flex (additional cost per brace) (outer frame extends full-length)
☐ Polyethylene (outer frame trimmed at sulcus)
☐ Add extra navicular padding (boney pronators)

Straps: **Standard** (see drawing) ☐ Add toe abduction strap
☐ Change anterior strap to non-stretch

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!