

Maximum control foot orthosis

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

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.

RIGHT 	RIGHT 	RIGHT 	LEFT 	LEFT 	LEFT
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.		

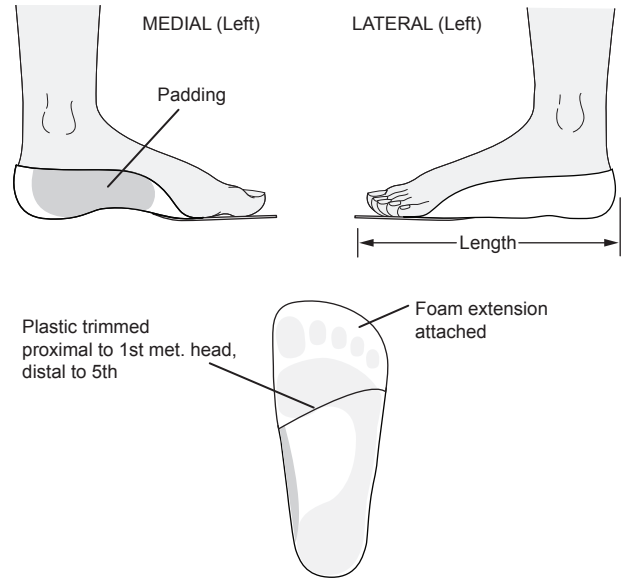
Bottom Stabilization

- ☐ 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 (boney 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)

Thank you!