

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.

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.		

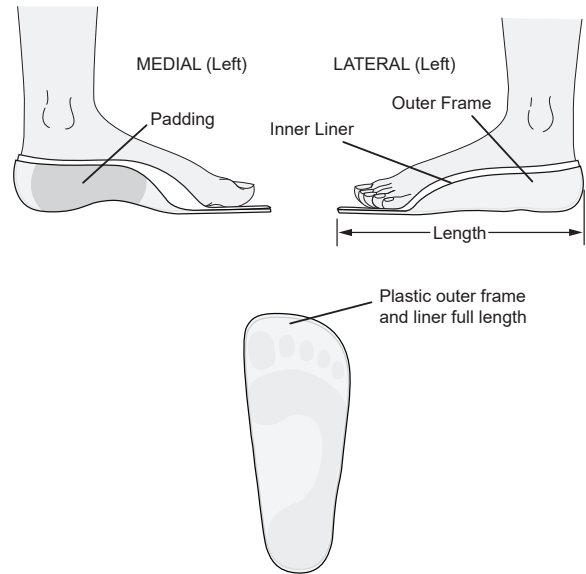
Bottom Stabilization

- ☐ Midfoot & Medial Heel— **Standard**
- ☐ Heel **-OR-** ☐ Midfoot **-OR-** ☐ Both **-OR-**
- ☐ Entire bottom stabilized with foam sole
- ☐ 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**.

- Inner Liner:**
- ☐ Softy foam (**Standard**) (white only)
 - ☐ OP Flex (additional cost per brace)
 - ☐ Polyethylene
 - ☐ Add extra navicular padding (boney pronators)

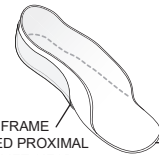
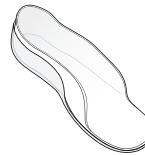
- Transfer Pattern:**
- ☐ No Transfer (**Standard**)
 - ☐ Pattern: _____

NOTE: Outer frame only; additional cost per brace.

- Toe Rise Color:**
- ☐ White (**Standard**)
 - ☐ Other: _____

Toe Shelf - Inner Liner

- ☐ Plastic outer frame and liner full length (**Standard**)
- ☐ Liner only full length



OUTER FRAME TRIMMED PROXIMAL TO 1ST MET. HEAD, DISTAL TO 5TH. SOFTY LINER EXTENDS TO FULL LENGTH.

Special Instructions

- ☐ Rush order (adds \$20)

Thank you!