

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#:
	<input type="checkbox"/> Shipping info is the same as Billing info. -OR- Shipping contact name: Facility name: Street address: City: State: Zip:
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.

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.		

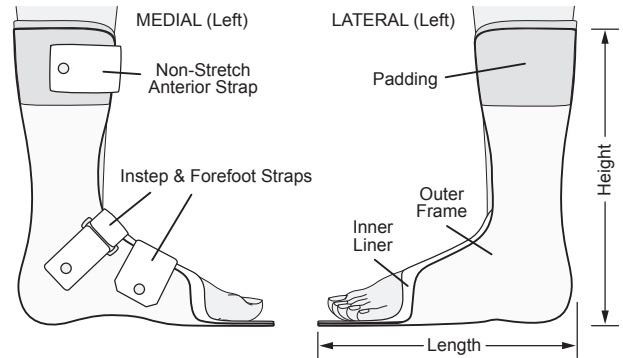
Bottom Stabilization

☐ 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.

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

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: _____

Inner Liner: ☐ Flexible — no containment **Standard** ☐ Medial containment ☐ Lateral containment

AND / OR

Special Instructions

☐ Rush order (adds \$20)

Thank you!