

Adjustable night-stretching brace

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	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.		

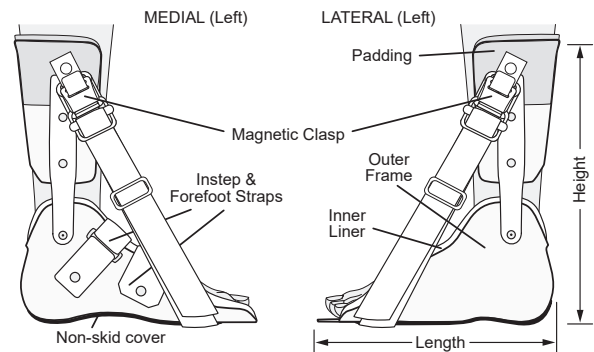
Bottom Stabilization

Entire bottom with non-skid cover— **Standard**

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)
- ☐ Polyethylene (outer frame extends full-length)
- ☐ Add extra navicular padding (boney pronators)

Straps:

- ☐ Removable stretching strap (**Standard**)
- ☐ Removable elastic stretching strap
- ☐ Riveted stretching strap

Select one

☐ 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 | Inner Liner

Medial/Lateral soft containment—**Standard**



Special Instructions

☐ **Rush order** (adds \$20)

Thank you!