

For smaller patients, fixed ankle, PF block, DF block

<b>Patient</b>	Last name:
	First name:
	Birth date: <input type="checkbox"/> Bilateral <input type="checkbox"/> Left <input type="checkbox"/> Right
	Date cast:
<b>Practitioner</b>	Last Name:
	First Name:
	Title/Credentials:
	Email: Phone:
<b>Billing</b>	Customer/Business name:
	Street address:
	City: State: Zip:
	PO# / UCAN#:
<b>Shipping</b>	<input type="checkbox"/> Shipping info is the same as Billing info. <b>-OR-</b>
	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.		

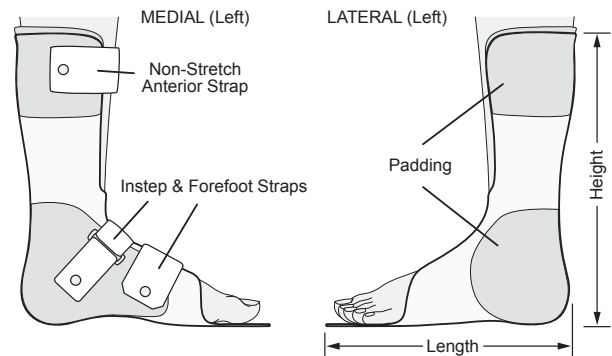
## Bottom Stabilization

- ☐ None— **Standard**
- ☐ Heel **-OR-** ☐ Midfoot **-OR-** ☐ Both **-OR-**
- ☐ Entire bottom stabilized with foam sole **-OR-**
- ☐ Entire bottom with non-skid cover only **-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:** ☐  $\frac{3}{4}$  to  $\frac{3}{4}$  of lower leg length (**Standard**) ☐ Specify: \_\_\_\_\_

**NOTE:** Cast height must be greater than brace height.

**Padding:** Shaded areas above are **Standard**

☐ Add extra navicular padding (boney pronators)

**Padding Color:** ☐ White (**Standard**) ☐ Other: \_\_\_\_\_

**Straps:** **Standard** (see drawing) ☐ Add toe abduction strap

**Strap Color:** ☐ White (**Standard**) ☐ Other: \_\_\_\_\_

**Instep Strap Pattern:** ☐ No pattern (**Standard**) ☐ Other: \_\_\_\_\_

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

☐ Pattern: \_\_\_\_\_

**NOTE:** Additional cost per brace.

## Toe Shelf

- ☐ **Flexible — no containment** **Standard**
- Medial containment ☐ Soft foam (flexible)
- ☐ Plastic
- AND / OR
- Lateral containment ☐ Soft foam (flexible)
- ☐ Plastic

## Special Instructions

☐ **Rush order** (adds \$20)

**Thank you!**