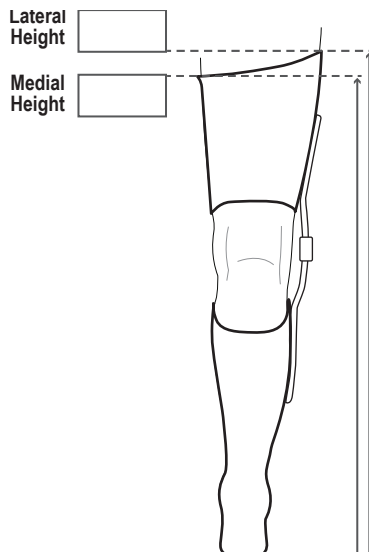


Patient	Last name:
	First name:
	Birth date: <input type="checkbox"/> Bilateral <input type="checkbox"/> Left <input type="checkbox"/> Right
	Date cast:
Practitioner	Last Name:
	First Name:
	Title/Credentials:
	Email: Phone:
Billing	Customer/Business name:
	Street address:
	City: State: Zip:
	PO# / UCAN#: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

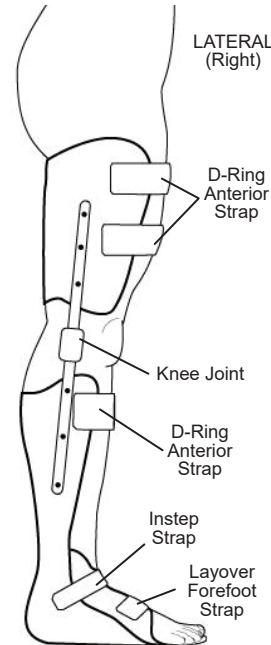
NOTE: If you don't choose an option, you will receive the **Standard**.

AFO Style:	<p>**NOTE: Choose ONE of the five AFO styles below and include the corresponding order form.</p> <p><input type="checkbox"/> DAFO Turbo (Standard)</p> <p><input type="checkbox"/> DAFO Turbo Softy</p> <p><input type="checkbox"/> DAFO Hinged Turbo</p> <p><input type="checkbox"/> DAFO Tami2</p> <p><input type="checkbox"/> DAFO R</p>
-------------------	---

FLOOR TO HEIGHT MEASUREMENTS
All measurements in millimeters (mm)



Construction | Features | Options



Knee Joint

Hinge Style:	<input type="checkbox"/> Off-set JMS Upright <input type="checkbox"/> Drop Lock <input type="checkbox"/> Posterior Off-set Free Motion <input type="checkbox"/> Step Lock <input type="checkbox"/> Adjustable Ring Lock
---------------------	---

Additional Details:	<input type="checkbox"/> Quick release lever* <input type="checkbox"/> Quick disconnect* <input type="checkbox"/> Knee pad* <input type="checkbox"/> Growth extension bar*
----------------------------	---

Knee Alignments:	<input type="checkbox"/> Set Knee Flexion to _____ ° <input type="checkbox"/> Do not correct (cast alignment OK) Correct Knee Varus/Valgus to Neutral <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------	--

Special Instructions

<p>Special Instructions</p>
