

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

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-**

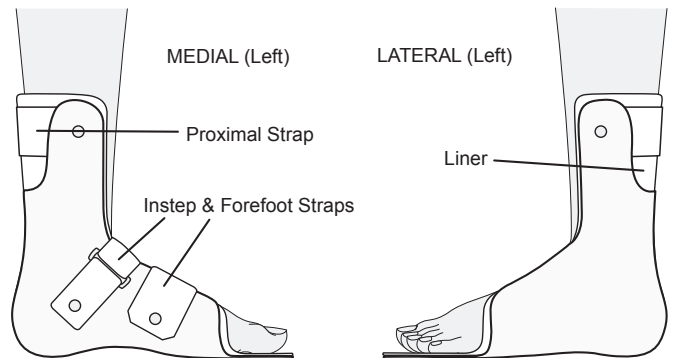
☐ Entire bottom with non-skid cover **-OR-**

☐ 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**.

Liner: Softy foam (white only) **Only option available**

☐ Add extra navicular padding (bone pronators)

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

Strap Color: ☐ White (**Standard**) ☐ Other: _____

NOTE: The posterior strap is available in white dacron only.

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: ☐ Flexible — no containment **Standard** ☐ Medial containment

AND / OR ☐ Lateral containment

Special Instructions

☐ **Rush order** (adds \$20)

Thank you!