

<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-**

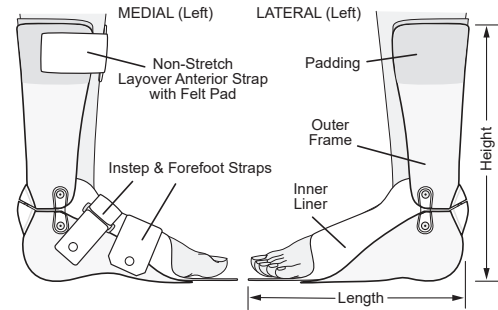
☐ Entire bottom with non-skid cover **-OR-**

☐ 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**.

**Hinge Type:** ☐ Dorsi-assist Tamarack (**Standard**)  
Select Durometer (95 is stiffest):  
☐ 75 d (**Standard**) ☐ 85 d ☐ 95 d  
☐ Straight Tamarack

**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 trimmed at sulcus)  
☐ Add extra navicular padding (boney pronators)

**Straps:** **Standard** (see drawing) ☐ Add D-ring/pad to ant. strap  
☐ 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

**Outer Frame:** ☐ Full-length ☐ Distal to met. heads ☐ Proximal to met. heads

**Standard for Softy foam liner**

**Standard for Polyethylene liner**

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

AND / OR ☐ Lateral containment

## Special Instructions

☐ Rush order (adds \$20)

**Thank you!**