

Customer ID: _____ Order Date: _____ Date Needed: _____ PO#: _____

BILLING INFORMATION

Facility: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

SHIPPING INFORMATION

Same as Billing

Facility: _____ Practitioner: _____ Cell #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

SHIPPING INSTRUCTIONS

Next Day Air 2nd Day Air 3rd Day Air Ground Local / Hand Delivery

PATIENT INFORMATION

Last Name: _____ First Name: _____

Male Female Age: _____ Weight: _____ Height: _____ LT RT BIL

Diagnosis: _____

Special Instructions: _____

FABRICATION INSTRUCTIONS

TYPE OF BRACE

- IDEO (*Rigid anterior shell included, no additional charge*)
- PDE AFO
- PDE KAFO (*Specify knee joint*) _____
- PDE Partial Foot Prosthesis
- Test Socket (*Prior to definitive*)

(All braces lined with 1/8" black firm puff)

CAST CORRECTIONS

- Leave as casted Correct to 90 degrees in shoe**
- Correct cast to 2 degrees of Plantar Flexion**

PATIENT'S ACTIVITY LEVEL

- K-1 K-2 K-3 K-4

PDE STRUT

Specify PDE Strut durometer to be used in brace and any additional struts as needed.

ANKLE STRAP

- Valgus control Varus control No strap

ADDITIONS

- Rigid Anterior Shell (*lined with 1/4" black firm puff*)
- Boa Closure System
- Transfer Pattern** (*specify*) _____
- PDE Shim Kit**

MEASUREMENT / CASTING INFORMATION

SHOE SIZE (*Required information*)

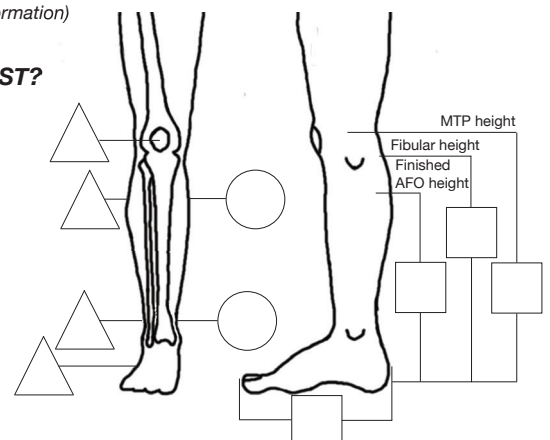
SHOE SENT WITH CAST?

- Yes No

SHOE STYLE

HEEL HEIGHT

- 3/8"
- 1/2"
- 3/4"
- Other _____



LAB USE ONLY	Test Socket	/	Definitive
Intake Date	_____		_____
Tracking Number	_____		_____
Modified Date	_____		_____
Technician	_____		_____
Shipped Date	_____		_____

WE WILL NOT ACCEPT JOBS WITHOUT PATIENT'S WEIGHT OR HEIGHT ON THE FORM. (Additional fabrication charge)**