

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**

- AFO SLEEK (Ultra low-profile)
- AFO (Low profile trim lines)
- AFO (PTB trim lines)
- GRAFO (Rigid anterior swing shell)
- KAFO (Posterior offset knee joints)
- KAFO (Bail lock knee joints)
- KAFO (Drop lock knee joints)
- KAFO (specify knee joint) \_\_\_\_\_
- Partial Foot Prosthesis with carbon filler
- Partial Foot Prosthesis with cloud filler
- Chopart Partial Foot Prosthesis with carbon filler
- Chopart Partial Foot Prosthesis with cloud filler

**CAST CORRECTIONS**

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

**POSTERIOR STRUT**

- Flexible    Moderate    Firm    Extra Firm

**TOE PLATE**

- Flexible    Moderate    Firm

**PATIENT'S ACTIVITY LEVEL**

- K-1    K-2    K-3    K-4

**ENCOMPASSING**

- 1st Metatarsal     5th Metatarsal

**ANKLE STRAP**

- Valgus control     Varus control     No strap

**INNER BOOT**

- Low Profile (Standard)    High Profile

**ADDITIONS**

- Pad Footplate\*\* (Spenco)
- Pad Footplate\*\* (Firm Puff)
- Transfer Pattern\*\* (specify) \_\_\_\_\_

**MEASUREMENT / CASTING INFORMATION**
**SHOE SIZE** (Required information)

**SHOE SENT WITH CAST?** (Only required for prosthesis with carbon filler)

- Yes    No

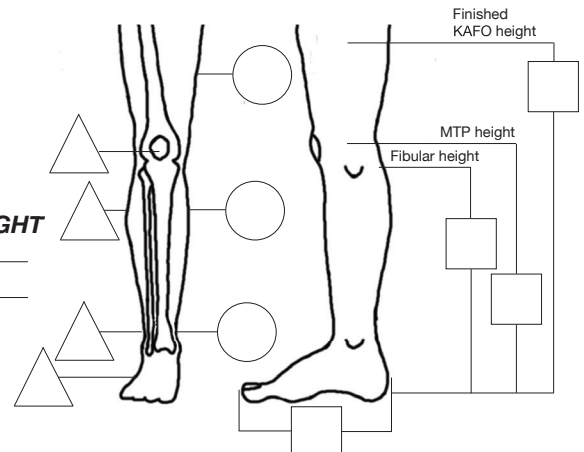
**SHOE STYLE**

\_\_\_\_\_

**HEEL HEIGHT**

- 3/8"
- 1/2"
- 3/4"
- Other \_\_\_\_\_

**FINISHED AFO HEIGHT**

 Lateral Side \_\_\_\_\_  
 Posterior Side \_\_\_\_\_

**LAB USE ONLY**

 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)**