

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 Scan Cast

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

KAFO THIGH COMPONENT

- Anterior Posterior

LAB USE ONLY

Intake Date _____
Tracking Number _____
Modified Date _____
Technician _____
Shipped Date _____

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

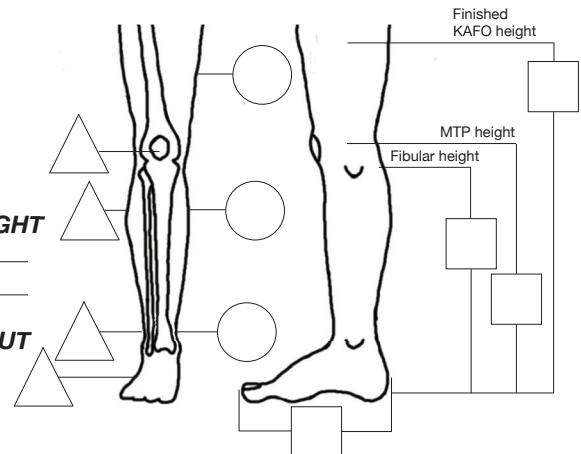
- 3/8"
- 1/2"
- 3/4"
- Other _____

FINISHED AFO HEIGHT

Lateral Side _____

Posterior Side _____

DEGREE OF TOE OUT


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