

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

**TEST SOCKET** (Prior to definitive)  Yes  No

#### 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 needed.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### MATERIALS

Wet Lamination  Pre-Preg\*\*

#### 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?**

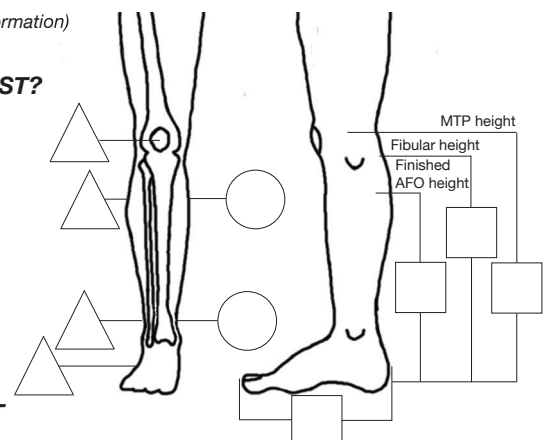
Yes  No

**SHOE STYLE**  
 \_\_\_\_\_

**HEEL HEIGHT**

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

**DEGREE OF TOE OUT**  
 \_\_\_\_\_



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)**