

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

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

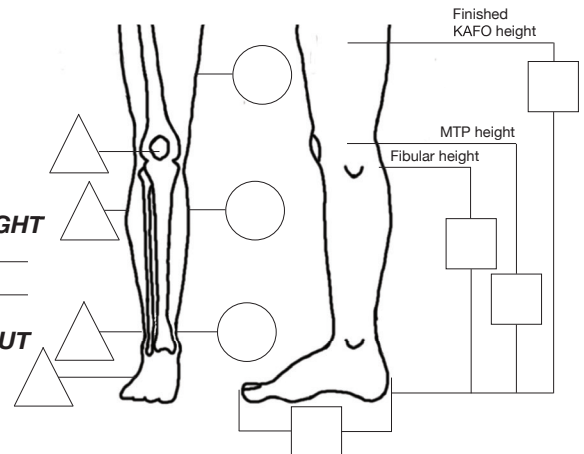
SHOE STYLE
HEEL HEIGHT

-
- 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)**
LAB USE ONLY

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