

Customer Name _____
Practitioner _____
Address _____
Phone No. _____
Account No. _____

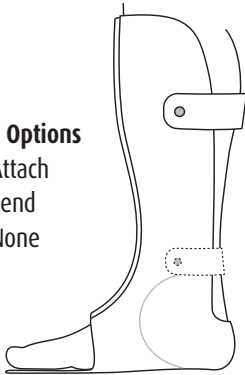
Patient Name _____
 Left Right Bilateral
Age _____ Sex _____ Height _____ Weight _____
Diagnosis _____
Date Required _____

Lateral View

Medial View

Strap Options

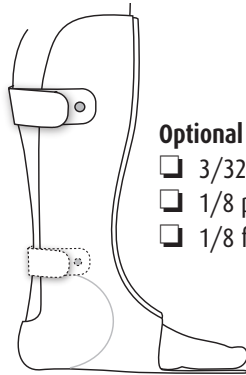
- Attach
- Send
- None



Anterior
Brace Height

Optional inner boot

- 3/32 pe (standard)
- 1/8 proflex
- 1/8 foam



Finished Length _____

Std Strapping Shown Above

Right Ankle Alignment

- Neutral As Casted
- _____° Dorsi /Plantar

Left Ankle Alignment

- Neutral As Casted
- _____° Dorsi /Plantar

Right Heel Alignment

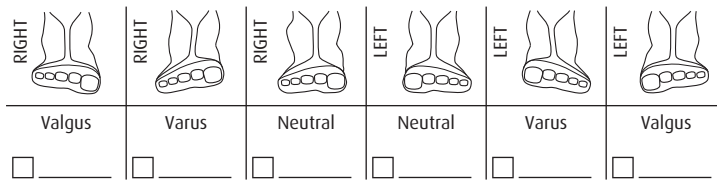
- Neutral As Casted
- Tune-wedge 10° anterior

Left Heel Alignment

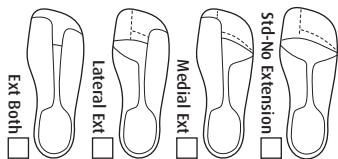
- Neutral As Casted
- Tune-wedge 10° anterior

Forefoot Alignment

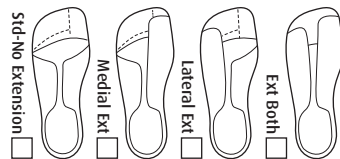
Please indicate finished post height — inches or centimeters.



Dorsal Extension - Control Forefoot Right



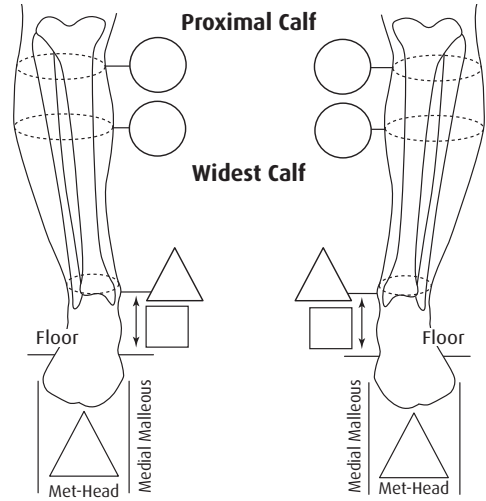
Dorsal Extension - Control Forefoot Left



SPECIAL NOTES

Right Side

Left Side



Tone Inhibiting Modifications

- None Aggressive

Straps

- White Strap Standard Other _____

Pads

- White Pad Standard Other _____

Additional Padding

- Posterior Proximal Calf
- Navicular
- Other _____

Posting

- None/Std Full Plantar
- Heel Post Heel & Midfoot
- Other _____

Pattern Transfer _____

PreFit Option:

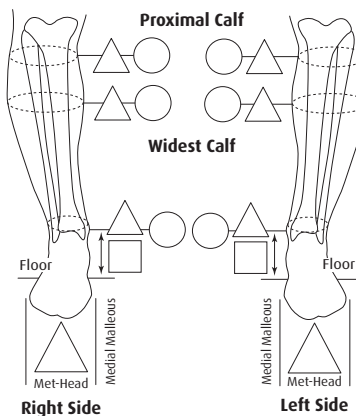
YES NO

Shoes:

- Answer 2 Keeping Pace Size: _____

Socks:

Additional quantity: _____



FAB USE ONLY

Date Received _____

Order # _____