

Customer Name \_\_\_\_\_  
Practitioner \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Account No. \_\_\_\_\_

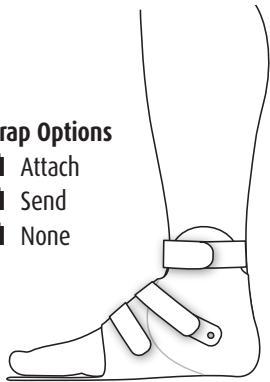
Patient Name \_\_\_\_\_  
 Left  Right  Bilateral  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Diagnosis \_\_\_\_\_  
Date Required \_\_\_\_\_

**Lateral View**

**Medial View**

**Strap Options**

- Attach
- Send
- None

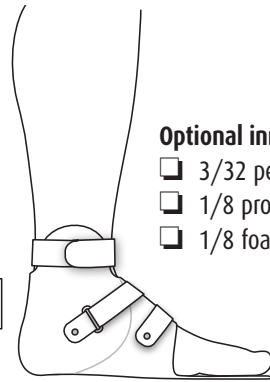


Brace Height



**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.

 RIGHT Valgus <input type="checkbox"/>	 RIGHT Varus <input type="checkbox"/>	 RIGHT Neutral <input type="checkbox"/>	 LEFT Neutral <input type="checkbox"/>	 LEFT Varus <input type="checkbox"/>	 LEFT Valgus <input type="checkbox"/>
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**Dorsal Extension - Control Forefoot Right**

 Dorsal Ext <input type="checkbox"/>	 Lateral Ext <input type="checkbox"/>	 Medial Ext <input type="checkbox"/>	 Std-No Extension <input type="checkbox"/>
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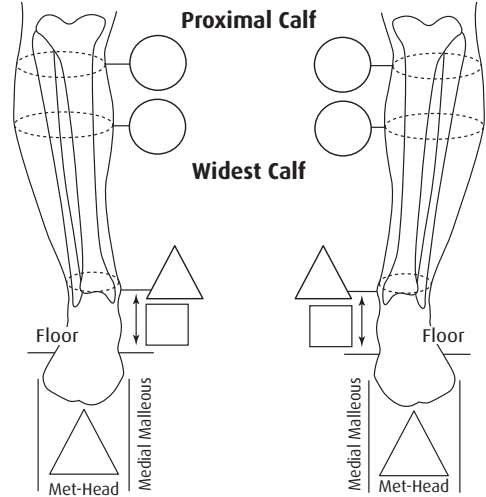
**Dorsal Extension - Control Forefoot Left**

 Dorsal Ext <input type="checkbox"/>	 Medial Ext <input type="checkbox"/>	 Lateral Ext <input type="checkbox"/>	 Ext Both <input type="checkbox"/>
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**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:**

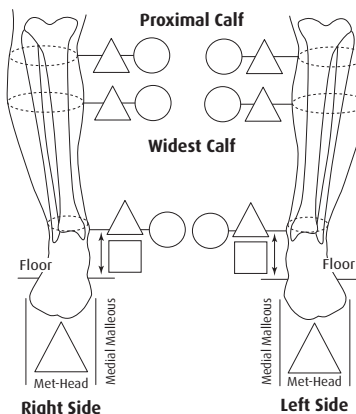
YES NO

**Shoes:**

- Answer 2  Keeping Pace Size: \_\_\_\_\_

**Socks:**

Additional quantity: \_\_\_\_\_



**FAB USE ONLY**

Date Received \_\_\_\_\_

Order # \_\_\_\_\_