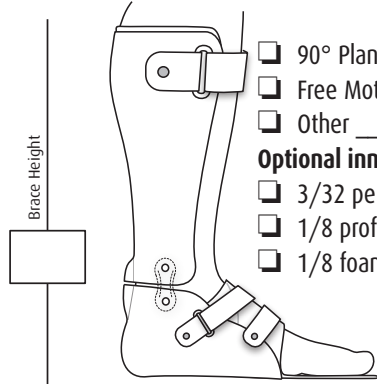
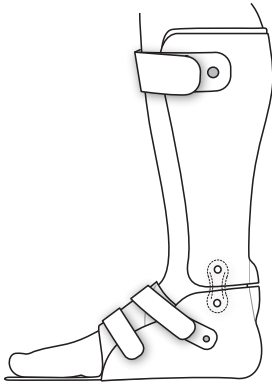


Customer Name _____
 Practitioner _____
 Address _____
 Phone No. _____
 Account No. _____

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

Lateral View

Medial View



- 90° Plantar Stop (STD)
- Free Motion
- Other _____
- Optional inner boot**
- 3/32 pe (standard)
- 1/8 proflex
- 1/8 foam

Brace Height

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.

Valgus	Varus	Neutral	Neutral	Varus	Valgus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dorsal Extension - Control Forefoot Right

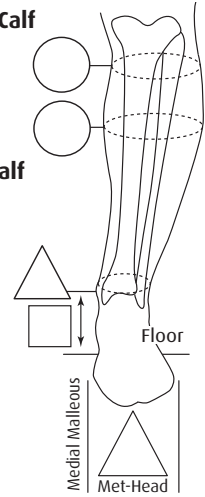
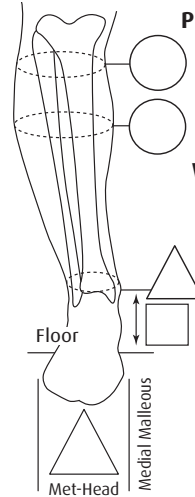
Dorsal Extension - Control Forefoot Left

Ext Both	Lateral Ext	Medial Ext	Std-No Extension	Ext Both	Lateral Ext	Medial Ext	Std-No Extension	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL NOTES

Right Side

Left Side



Proximal Calf

Widest Calf

Floor

Medial Malleolus

Met-Head

Floor

Medial Malleolus

Met-Head

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:

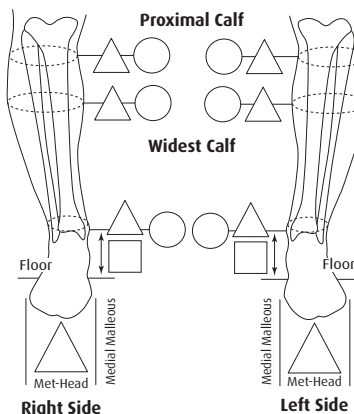
YES NO

Shoes:

- Answer 2 Keeping Pace Size: _____

Socks:

Additional quantity: _____



FAB USE ONLY

Date Received _____

Order # _____