

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



Std Strapping Shown Above

Finished Length _____

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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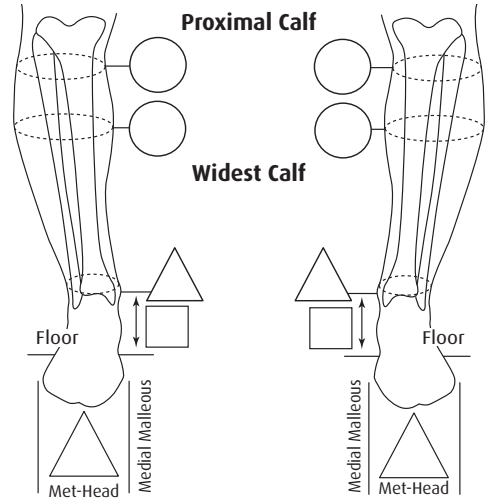
Dorsal Extension - Control Forefoot Left

 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

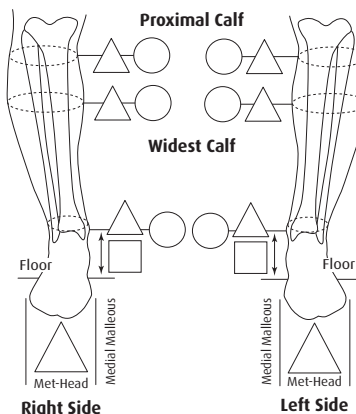
- Navicular
- Other _____
- None/Std Full Plantar
- Heel Post Heel & Midfoot
- Other _____

PreFit Option:

YES NO

Shoes: Answer 2 Keeping Pace Size: _____

Socks: Additional quantity: _____



FAB USE ONLY

Date Received _____

Order # _____