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CUSTOM LOWER EXTREMITY ORTHOSES

ORDER FORM

CERTIFIED

P
A
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T

First Name: _____

Last Name: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Diagnosis: _____

Phone #: _____ Fax #: _____

- Right Left Bilateral
 Cast Scan Tracing

P
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Date: _____ P.O.#: _____

Facility: _____

Address: _____

Contact Name: _____

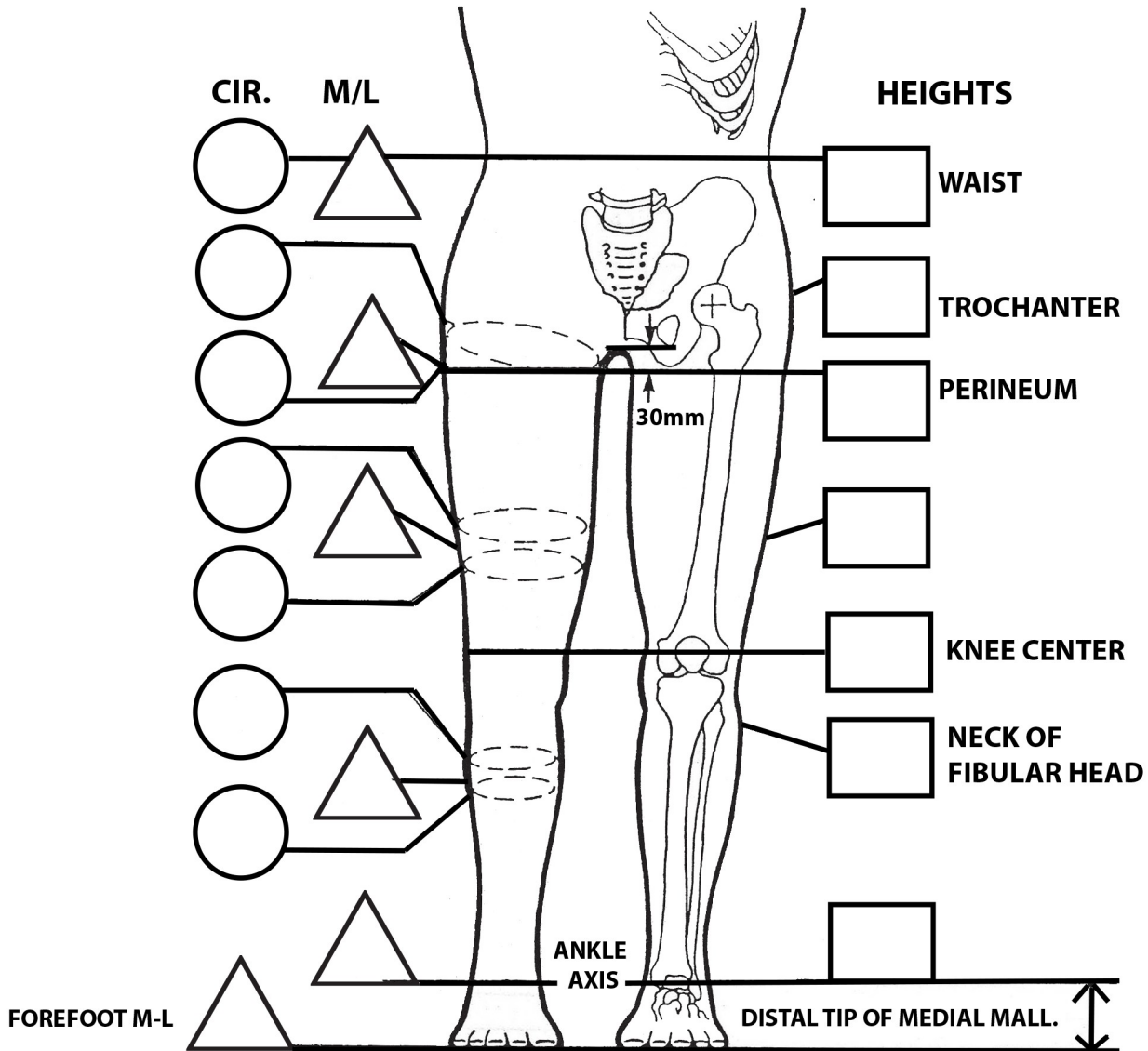
Ship via: _____

Requested Date of Delivery: _____

(Please allow for shipping time)

- HKAFO KAFO AFO
 Thermoplastic Metal and Leather Laminated Hybrid

ORTHOMETRY CHART



Toe Out _____

ADDITIONAL INFORMATION: _____



MODIFYING INSTRUCTIONS

KNEE As Is Correct to Neutral
 Amount _____° Flexion Extension

ANKLE As Is Correct to Neutral
 Amount _____° Flexion Extension

HINDFOOT As Is Correct to Neutral
FOREFOOT As Is Correct to Neutral

METATARSAL PAD Amount _____"
 S.T. Modification
 MEDIAL ARCH Increase Decrease Amount _____"
 Extra build up over Medial Malleolus Amount _____"
 Extra build up over Lateral Malleolus Amount _____"
 Extra build up over Navicular Amount _____"
 Quad Brim

OTHER MODIFYING INSTRUCTIONS: _____

FABRICATION INSTRUCTIONS

HIP JOINTS Model # _____
 KNEE JOINTS Model # _____
 ANKLE JOINTS Model # _____
 STIRRUP Model # _____

Thermoplastic Ankle Joints Baseline Free Motion
 Vertex ROM V-3 Dyna-Lock
 Tamarack: Size _____
 Tamarack Dorsi-Assist: Size _____ 75A 85A
 Other _____

Plantar Stop Standard Adj. Stop Other _____
 Liner _____ (Specify mat. and thickness)
 Pads _____ (Specify area and material)
 Ankle Reinforced Compcore Other _____
 Correction Flare Padded/Lined
 Valgus/Medial Varus/Lateral

Proximal Trim Line Flare
 Extend Trim Line to control Forefoot Lateral Medial

PLASTIC Polypropylene Copolymer Other _____
 Thickness/Color _____
 Transfer Pattern _____

Transfer Pattern # _____
 Laminated Color _____

ADDITIONAL OPTIONS

Anterior Thigh Shell
 Pretibial Shell
 Ankle Strap
 Dorsum Strap
 Figure 8 Strap
 Patella Knee Strap
 Soft Interface Lining-Thigh
 Mat./Thickness _____
 Soft Interface Lining-Calf
 Mat./Thickness _____
 Soft Interface Lining-Foot
 Mat./Thickness _____
 Ball Keepers
 Spring Pull for Drop Lock
 Extension Assist for Polycentric Knee Joint
 Tension Relief Extension Assist for Drop Lock Knee Joint
 Flares:
 Location: _____
 Heel Posting
 Neutral _____°
 Heel Lift _____"
 Recurvatum Straps
 Condyle Pad Medial Lateral
 5 Buckle Knee Pad
 4 Buckle Knee Pad
 3 Buckle Knee Pad
 T-Strap Medial Lateral
 Stirrup attachment to Tennis Shoe
 UCB Insert with Stirrup
 Growth Overlap Adjustment
 Scott-Craig Reinforced Stirrup Strut

SHOE CHART

SHOES Men's Women's
 Children's Toddler

Size: _____ Width: _____ Company: _____
 Style: _____ Color: _____ Closure: _____
 Other Info: _____

ADDITIONAL INFORMATION

