

Ordered by: _____
 BILLING: P.O. Number _____
 Bill To: _____
 Address: _____
 City: _____
 Prov: _____ Postal Code: _____ Country: _____
 Phone: (_____) _____ Fax: (_____) _____

Phone # (_____) _____
 Account # _____
 Ship To: _____
 Address: _____
 City: _____
 Prov: _____ Postal Code: _____ Country: _____
 Phone: (_____) _____ Fax: (_____) _____

Shipping Preference: Ground Express

Received Date

Patient's Last Name: _____
 Patient's First Name: _____
 Address: _____
 City: _____
 Prov: _____ Postal Code: _____ Country: _____
 Phone: (_____) _____
 Email: _____

Male Female

Age _____ Height _____ Weight _____

Leg: Left Right

Patient's Clinical Diagnosis: _____

Activities:

- Activities of daily living Non-contact sports
 Contact sports

Ankle/Foot Evaluation (Weight Bearing)

- Ankle movement is: Flexible or Rigid
 Weight bearing ankle position is:
 Neutral Inverted Everted

Posting For Inverted/Everted Correction

Use external posts for inverted/everted correction. Indicate posting:

Lat. heel post _____ mm

Med. heel post _____ mm

Lat. forefoot post _____ mm

Med. forefoot post _____ mm

Casted Position

WB Semi WB Non WB

Do not correct casted position

Please correct the following:

- Forefoot supination Hindfoot inversion
 Forefoot pronation Hindfoot eversion
 Plantar flexion to _____°
 Dorsi flexion to _____°

Provide M.L. Measurements

- A. M-L **at the smallest aspect just above the ankle:** _____"
 B. M-L **at the ankle joint:** _____"
 C. Distance from lateral ankle to floor _____"

*Indicates additional charges apply

Choose Standard Joint Model

- PTS — Posterior tibia shell with standard joints
- ATS — Anterior tibia shell with standard joints
- SU/ATS — Single upright, anterior tibia shell with standard joints
- SU/PTS — Single upright, posterior tibia shell with standard joints

Choose Urethane Joint Model

- PTS/TJ — Posterior tibia shell with Proteor Aflex urethane joint
- ATS/TJ — Anterior tibia shell with Proteor Aflex urethane joints
- Standard Proteor joints*
- Dorsi assist Proteor joints*

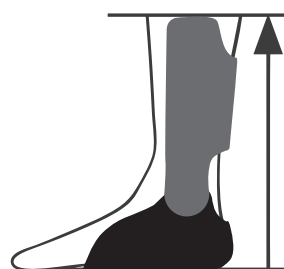
Choose Joint Additions

- Add dorsi assist bands* (*Standard joint model only*)
- Add adj plantar stop* (*Posterior models only*)

Indicate Total Brace Height

NOTE: Posterior shell is routinely trimmed shorter than the sides

- 9" 10" 11"
- 12" 13" Other _____"



Indicate Tibial Shell Material

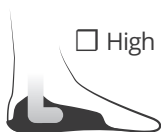
- Copolymer Graphite
- Opaque polypro Black polypro

OR

- Graphite Reinforced Thermo Plastic:*
 - Copolymer Opaque polypro
 - Black polypro

Indicate Foot Plate Material

- Graphite lamination (*Not available in sulcus or toe length*)
- Polypropylene (*Stiff, heat adjustable*)
- Co-polymer (*Softer, more flexible, heat adjustable*)
- Black poly pro (*Good all around and heat adjustable*)



High sides (UCB Type)






Low side (Sole Plate)

Foot Plate Trim

- Heel cup (*proximal to the base of the 5th metatarsal*)
- Trim proximal to the metatarsal heads
- Trim to toe sulcus
- Trim to toes - Outline of full foot required!!!

Heel Trim

-  Open heel (*graphite footplate only*)
-  Half heel
-  Full heel (*Closed*)

Foot Plate Padding

- Fabricate entire foot plate with no padding
- Line entire foot plate with 1/8 inch padding
- Line entire foot plate with 1/4 inch padding
- Line sides with 1/8 inch; sole with 1/4 inch
- Line sole with 1/8 inch; no padding on sides

Foot Plate Padding Material

- Aliplast 1/8" (*soft-white*) Pelite 1/8" (*medium white*)
- Aliplast 3/16" (*soft-white*) Plastizote 1/8" (*pink*)
- Aliplast 1/8" (*soft black*) Plastizote 1/4" (*pink*)

Finish and Color (*Graphite sections only*)

- Textured Powdercoat Finish (*Lightest, most durable finish*)
 - Black textured Pewter (*silver*)
 - Royal blue Burgundy

High Gloss Paint Finish

- Black Royal blue Burgundy
- Beige Emerald green White
- Burnt orange Dark violet Steel blue
- Quicksilver Indy yellow
- Custom paint finish* - *Indicate custom paint #* _____

Special Instructions: _____

*Indicates additional charges apply