

PATIENT INFORMATION:

Patient Name: _____

DX: _____

Age: _____ Height: _____ Weight: _____

-
- Right
-
- Left
-
- Bilateral (symmetrical pathology)
-
-
- Bilateral (asymmetrical pathology)

CUSTOMER INFORMATION

Company: _____

Ship to: _____

Contact: _____ Phone: _____

PO: _____ Date Needed: _____

PATIENT PRESENTATION:

-
- Non-Ambulatory
-
- Transfers
-
- Therapeutic
-
- Household
-
- Community
-
- High-Run / Jumping

HINDFOOT ALIGNMENT:

- L R
-
-
-
- AS CASTED
-
-
-
- Vertical

ANKLE ALIGNMENT

-
- AS CASTED
-
- L R
-
-
-
- +3°DF
-
-
-
- +5°DF
-
-
-
- 90°
-
-
-
- 3°PF
-
-
-
- 5°PF
-
-
-
- Other _____

FOREFOOT

-
- AS CASTED
-
- L R
-
-
-
- Neutral Forefoot:
-
-
-
- Supinate Forefoot: _____"
-
- Post
-
-
-
- Pronate Forefoot: _____"
-
- Post

FOOT TRIMS:
Note: inner shell STD encompasses 1st & 5th mets, outershell- proximal medial/lateral

-
-
- Proximal to Mets Trim Rigid Shell (plantar)
-
-
-
- Sulcus Trim Rigid Shell
-
-
-
- Full Foot Trim Rigid Shell
-
-
-
- Post Forefoot
-
-
-
- Other: _____

DESIGN:

- PROXIMAL TRIM:**
- L R (3/4'swoop) STD
-
-
- L R (Transformer Trim)
-
-
- Buckling / Crouch L R Neuro Kit
-
-
- sm
-
- med
-
- lg

- L R
-
-
-
- Solid Ankle**
- (Choose Profile):
-
-
-
- Solid Ankle
-
-
-
- Semi Rigid
-
-
-
- Dorsi Assist
-
-
-
- Low-Profile (supra-malleolar)

- L R
-
-
-
- Articulated**
- (Choose Comp):
-
-
-
- Tamarack STD
-
-
-
- 90 deg plastic Stop STD
-
-
-
- Joint: Type _____
-
-
-
- Stop: Type _____
-
-
-
- Free motion Ankle
-
-
-
- Other: _____

- Strapping**
-
-
- 11/2" proximal STD
-
-
- 1" prox strap
-
-
- 1" instep strap STD
-
-
- 3/4" instep strap
-
-
- 1" FF strap
-
-
- Other:

OUTER SHELL PLASTIC

-
- PP 3/32"
-
-
- CP 3/32"
-
-
- PP 1/8"
-
-
- CP 1/8"
-
-
- PP 5/32"
-
-
- CP 5/32"
-
-
- OTHER:

LENGTHS:

Foot: _____

Height: _____

Transfer STD: _____

Special Instructions

Internal Use

Date

Job Number