



Patient Name: \_\_\_\_\_  
 DX: \_\_\_\_\_  
 Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Left  Right  Bilateral

Company: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 PO#: \_\_\_\_\_ Date Needed: \_\_\_\_\_

**CORRECTION, (Desired Finished Brace Alignment):**

FINISHED DORSI / PLANTAR ALIGNMENT  
*(Required)*

As Is  90  Other

Dorsi  
 Deg.  Plantar

FINISHED HINDFOOT ALIGNMENT  
(Frontal Plane)  
*(Required)*

As Is  Neutral  Reduce 1/2

FINISHED FOREFOOT ALIGNMENT  
(Frontal Plane)  
*(Required)*

As Is  Neutral  Reduce 1/2

**Proximal Trim, (Finished Height):**

- 6"
- 7" (Standard)
- Other: \_\_\_\_\_

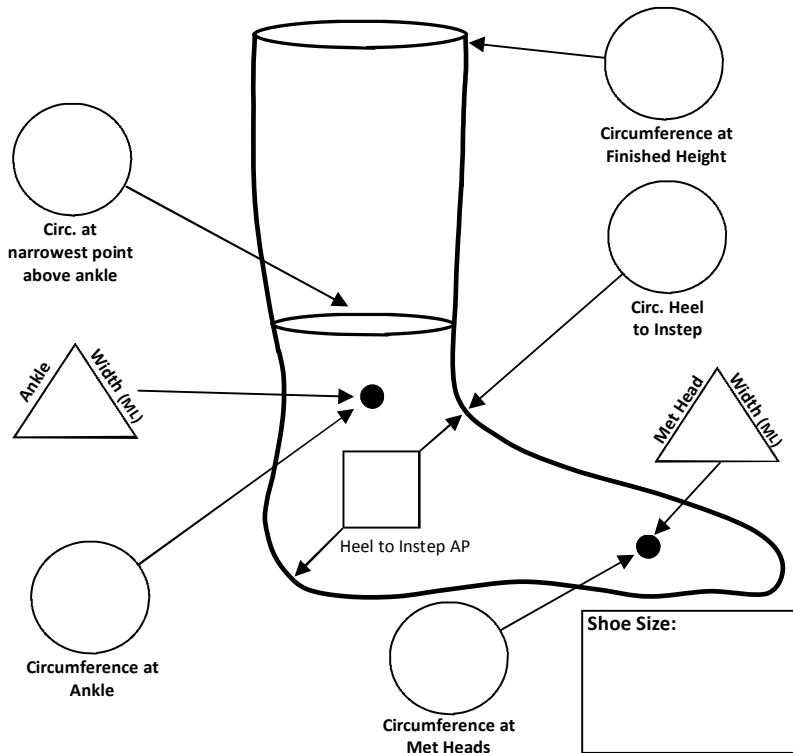
**Closure System:**

- Lacing
- Velcro 2-Strap, (Calf, Instep)

**Special Instructions:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PATIENT'S ANATOMICAL MEASUREMENTS**



Shoe Size: \_\_\_\_\_

V091312

Date: \_\_\_\_\_

Job Number: \_\_\_\_\_