

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

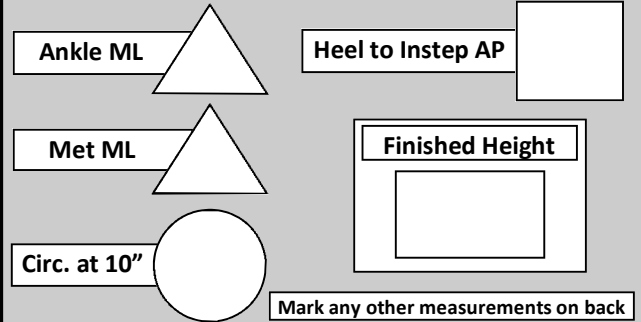
 Company: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 PO#: \_\_\_\_\_ Date Needed: \_\_\_\_\_

 Non-Ambulatory    Transfers    Therapeutic    Household    Community    High Activity

**DEVICE**    AFO    SMO    UCBL    FLOOR REACTION AFO    CLAMSHELL AFO    PTB AFO

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

<b>FINISHED DORSI / PLANTAR ALIGNMENT</b>	<input type="checkbox"/> As Casted <input type="checkbox"/> 90 <input type="checkbox"/> Other	<input type="checkbox"/> Dorsi Deg. <input type="checkbox"/> Plantar
Heel Height: _____		
<b>FINISHED HINDFOOT ALIGNMENT</b>	<input type="checkbox"/> As Casted <input type="checkbox"/> Neutral <input type="checkbox"/> Other	<input type="checkbox"/> Varus Deg. <input type="checkbox"/> Valgus
<b>FINISHED FOREFOOT ALIGNMENT</b>	<input type="checkbox"/> As Casted <input type="checkbox"/> Neutral <input type="checkbox"/> Other	<input type="checkbox"/> Pronated Inch. <input type="checkbox"/> Supinated

**PT. MEASUREMENTS, (Anatomical):**


Ankle ML Heel to Instep AP  
 Met ML Finished Height  
 Circ. at 10" Mark any other measurements on back

**MODIFICATIONS**    Met Pad    ST Mod    Prox. Flair Straight    Prox. Flair with 1/2" Dip    Strong Teardrop Heel Contour

**ARTICULATION**

<input type="checkbox"/> Tamarack:	<input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> L	<input type="checkbox"/> Oklahoma:	<input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	<input type="checkbox"/> Plantar-flexion Stop:	<input type="checkbox"/> Dead Stop <input type="checkbox"/> Snap Stop <input type="checkbox"/> Elite Adjustable <input type="checkbox"/> DFA Spring Elite <input type="checkbox"/> Becker 755
<input type="checkbox"/> DO NOT CUT ARTICULATION AT THIS TIME	<input type="checkbox"/> Straight <input type="checkbox"/> Dorsi-Assist <input type="checkbox"/> 75 <input type="checkbox"/> 85 <input type="checkbox"/> 95	Other Joint and/or Stop: _____		<input type="checkbox"/> Free Motion	

**Materials**

<input type="checkbox"/> Polypro <input type="checkbox"/> 3/32" <input type="checkbox"/> Copoly <input type="checkbox"/> 1/8" <input type="checkbox"/> Other <input type="checkbox"/> 5/32" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"		<b>Posterior Materials</b> <b>Liner</b> <input type="checkbox"/> Aliplast <input type="checkbox"/> 1/8" <input type="checkbox"/> P-Cell <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4" <input type="checkbox"/> Other _____	<b>Pads</b> <input type="checkbox"/> Aliplast <input type="checkbox"/> 1/8" <input type="checkbox"/> P-Cell <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4" <input type="checkbox"/> Other _____	<b>Location</b> _____ _____ _____	<b>Inlay</b> <input type="checkbox"/> Pink 3-Lam <input type="checkbox"/> White 3-Lam <input type="checkbox"/> P-Cell <input type="checkbox"/> Aliplast <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"	<b>Anterior Materials</b> <input type="checkbox"/> Polypro <input type="checkbox"/> 3/32" <input type="checkbox"/> Copoly <input type="checkbox"/> 1/8" <input type="checkbox"/> LDPE <input type="checkbox"/> 5/32" <input type="checkbox"/> MPE <input type="checkbox"/> 3/16"
Color: _____ Transfer Paper: _____		<b>Liner</b> <input type="checkbox"/> Aliplast <input type="checkbox"/> P-Cell <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"				

**TRIM OPTIONS**

<input type="checkbox"/> Solid Ankle	<input type="checkbox"/> Full Foot — Finished Length: _____	<input type="checkbox"/> Medial Sab.	<input type="checkbox"/> Heel Post: <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> Entire
<input type="checkbox"/> Semi-Solid Ankle	<input type="checkbox"/> Sulcus <input type="checkbox"/> Met	<input type="checkbox"/> Lateral Sab.	<input type="checkbox"/> FF Post: <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> Entire
<input type="checkbox"/> PLS	<input type="checkbox"/> Club Trim <input type="checkbox"/> Rev Club Trim <input type="checkbox"/> Dorsal Wrap	<input type="checkbox"/> Padded	<input type="checkbox"/> Balance Forefoot Post to Neutral

**STRAP OPTIONS**

<b>CALF</b>	<input type="checkbox"/> 1.5" <input type="checkbox"/> Std. White	<b>INSTEP</b>	<input type="checkbox"/> 1" <input type="checkbox"/> Std. White	<b>COLOR</b>	<input type="checkbox"/> Bge <input type="checkbox"/> Pnk <input type="checkbox"/> Blk <input type="checkbox"/> Pur <input type="checkbox"/> Blu <input type="checkbox"/> Red <input type="checkbox"/> Grn <input type="checkbox"/> Yel	<b>BANJO</b>	<input type="checkbox"/> Standard Cow & Aliplast <input type="checkbox"/> Narrow Fabric Covered Attached: <input type="checkbox"/> Med <input type="checkbox"/> Lat
<input type="checkbox"/> 2" <input type="checkbox"/> Strap Pad	Chafe: <input type="checkbox"/> Med <input type="checkbox"/> Lat	<input type="checkbox"/> 1.5" <input type="checkbox"/> Strap Pad	Chafe: <input type="checkbox"/> Med <input type="checkbox"/> Lat				

 ADDITIONAL OR SPECIAL INSTRUCTIONS ON BACK

V053112

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

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

