

Ship to:



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5075 South Emmer Drive
New Berlin WI 53151

Metal/Leather Orthotics Form

Patient Name: _____ Purchase order: _____

Contact: _____ Date Needed: _____

o Left o Right o Bilateral o Height: _____ o Weight: _____ o Activity Level: _____

Type:

- o Transfer o AO o MAFO o MKAFO o MHKAFO
o MKO o Calf Lacer/Thigh Lacer o Molded o Non-molded o Shoe Lift o Plastic hybrid
o Tracing sent, already corrected
o Tracing sent, please correct
o Cast sent
Leather Color: _____

Ankle Joint:

- o Double Action
o Limited Motion
o Free Motion
o Dorsi-flexion Assist
Part # _____
Lot # _____
o Stainless Steel

Knee Joint:

- o Drop Lock
o Free Motion
o Bail
o Other: _____
Bar size: _____
Part # _____
Lot # _____
o Stainless Steel Uprights
o Titanium Uprights
o Ball Catches M L
o Spring Pull M L

Shoe Modification:

- o Rocker Sole
o Heel Lift _____
o Sole Lift _____
o Heel/Sole Lift _____
o Crepe Wedge M L
o Crepe Flare M L
o Outrigger M L
o Midsole
o Steel Shank
o Extended Steel Shank
o Resole Shoe

Straps / Pads:

- o T-Strap M L
o Standard
o Velcro
o Custom
o 5-Pull Knee Pad
o 4-Pull Knee Pad
Color: _____
o Sub-Patella Strap
o Supra-Patella Strap
o Condyle Pad M L

Stirrup:

- o Solid
o Narrow
o Wide
o Long
o Webbed
o Caliper
o Inserts in UCBL
Part # _____
Lot # _____

Hip Joint:

- o Drop Lock
o Free Motion
o Other: _____
Part # _____
Lot # _____

Special Instructions:

Table with 4 columns: LEVEL, HEIGHT, CIRC, M-L. Rows include Trochanter, Ischial Tuberosity, Proximal Band (Lateral/Medial), Distal Band, Knee Center, Fibula Head, Calf Band, Ankle.