

## Leather Ankle Gauntlet Order Form

Company _____	Billing Address (if different): _____
Phone _____	_____
Patient Name _____	PO# _____
Contact Practitioner _____	Due Date _____
<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILAT    PT. WEIGHT _____    Activity Level _____	

**Cast Correction:**

As is

90 Degrees

\_\_\_\_\_ Deg Pf / Df

Correct Forefoot

Correct Varus/Valgus

Heel Height \_\_\_\_\_

**Measurements:**

ML at Ankle \_\_\_\_\_

ML at Mets \_\_\_\_\_

Circ. at 10" \_\_\_\_\_

Heel to Instep AP \_\_\_\_\_

Other \_\_\_\_\_

**Finished Height:**

10" (Standard)     Other \_\_\_\_\_ in.

**Material & Color:**

<u>Synthetic</u>	<u>Natural</u>
<input type="checkbox"/> Black	<input type="checkbox"/> Glazed Russet
<input type="checkbox"/> White	<input type="checkbox"/> Black
<input type="checkbox"/> Beige	<input type="checkbox"/> White
	<input type="checkbox"/> Beige
	<input type="checkbox"/> Brown

Synthetics offer slightly less bulk, and are easier to clean. Recommended for the less ambulatory, long-term care patient.

**Closure Options:**

<input type="checkbox"/> Velcro	Location _____
<input type="checkbox"/> Eyelets (Std)	Location _____
<input type="checkbox"/> Speed Hooks	Location _____
<input type="checkbox"/> D-Rings	Location _____

**Trim Options:**

<input type="checkbox"/> Met trim (Std)	<input type="checkbox"/> Club trim
<input type="checkbox"/> Sulcus Trim	<input type="checkbox"/> Rev Club Trim
<input type="checkbox"/> Full to toe	<input type="checkbox"/> Partial Foot

*If device requires an integrated partial foot toe filler, please include the shoe to be used to ensure ideal fit.*

**Inner Plastic Options**

3/32" (std)

1/8"     Other \_\_\_\_\_

**Tongue Options:**

Floating

Sewn in (Std)

**Joints:**

Tamarack     90 degree Stop

Other \_\_\_\_\_

**Additional Padding:**

Type \_\_\_\_\_ Location \_\_\_\_\_

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**Additional Instructions:**

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