

Ship to:



1-262-797-9771
1-888-790-6880
FAX 1-262-797-9795
FAX 1-888-790-6881

5075 South Emmer Drive
New Berlin WI 53151

Plastic Orthotics Form

Patient Name: _____ Purchase order: _____

Contact: _____ Date Needed: _____

Left Right Bilateral

Type:

- AFO
- SMO
- FLOOR REACTION
- TRAFO
- PTB
- UCBL
- WHO
- TRANSFORMER
- CLAM AFO
- EVERTOR

Cast Correction:

- No Correction
- Correct to _____ deg. pf/df
- Other _____
- Correct forefoot
- Correct varus/valgus
- Heel height: _____

Components:

- Tamaracks
- Dorsi-assist Tamaracks
- Oklahomas
- 90 degree stop
- Adjustable stop (Elite)
- MCL stop
- TC stop
- Free motion
- Button stop
- Spring elite
- Other _____
- Supplied by customer
- Transfer _____

Materials:

- Polypro
- Copoly
- PE
- Other: _____
- Thickness: _____
- Color: _____
- Liner _____
- Padding
- Location: _____
- Thickness: _____
- Type: _____
- Anterior:
- to toe / to instep
- Padding: _____
- Plastic: _____

Trims:

- Solid
- Semi-solid
- PLS
- Club trim
- Reverse club trim
- Dorsal wrap
- Full to toe
- Extended footplate
- Sulcus trim
- Met trim
- Sabolich M L
- Post M L

Modification:

- Met pad
- ST mod
- Prox. flare
- For optimal fit:*
- Finished height _____
- Length of foot _____
- Ankle M-L _____
- Met M-L _____

Special Instructions:

Straps / Pads:

- Calf strap
- Size: _____
- Color: _____
- Chafe: M L
- Calf strap pad
- Instep strap
- Size: _____
- Color: _____
- Chafe: M L
- Instep strap pad
- Banjo strap: M L
- Joint pads