

Ordered by: _____
 BILLING: P.O. Number _____
 Bill To: _____
 Address: _____
 City: _____
 Prov: _____ Postal Code: _____ Country: _____
 Phone: (_____) _____ Fax: (_____) _____

Phone # (_____) _____
 Account # _____
 Ship To: _____
 Address: _____
 City: _____
 Prov: _____ Postal Code: _____ Country: _____
 Phone: (_____) _____ Fax: (_____) _____

Shipping Preference: Ground Express

Received Date

Patient's Last Name: _____
 Patient's First Name: _____
 Address: _____
 City: _____
 Prov: _____ Postal Code: _____ Country: _____
 Phone: (_____) _____
 Email: _____

Male Female

Age _____ Height _____ Weight _____

Leg: Left Right

Patient's Clinical Diagnosis: _____

Activities:

- Activities of daily living Non-contact sports
 Contact sports

Ankle/Foot Evaluation (Weight Bearing)

- Ankle movement is: Flexible or Rigid
 Weight bearing ankle position is:
 Neutral Inverted Everted

Posting For Inverted/Everted Correction

Use external posts for inverted/everted correction. Indicate posting:

Lat. heel post _____ mm

Med. heel post _____ mm

Lat. forefoot post _____ mm

Med. forefoot post _____ mm

Casted Position

WB Semi WB Non WB

Do not correct casted position

Please correct the following:

Forefoot supination Hindfoot inversion

Forefoot pronation Hindfoot eversion

Plantar flexion to _____°

Dorsi flexion to _____°

Provide M.L. Measurements

A. M-L **at the smallest aspect just above the ankle:** _____"

B. M-L **at the ankle joint:** _____"

C. Distance from lateral ankle to floor _____"

Choose Standard Joint Model

- PTS — Posterior tibia shell with standard joints
- ATS — Anterior tibia shell with standard joints
- SU/ATS — Single upright, anterior tibia shell with standard joints
- SU/PTS — Single upright, posterior tibia shell with standard joints

Choose Urethane Joint Model

- PTS/TJ — Posterior tibia shell with Proteor Aflex urethane joint
- ATS/TJ — Anterior tibia shell with Proteor Aflex urethane joints
- Standard Proteor joints*
- Dorsi assist Proteor joints*

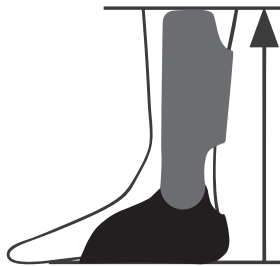
Choose Joint Additions

- Add dorsi assist bands* (Standard joint model only)
- Add adj plantar stop* (Posterior models only)

Indicate Total Brace Height

NOTE: Posterior shell is routinely trimmed shorter than the sides

- 9" 10" 11"
- 12" 13" Other _____"



Indicate Tibial Shell Material

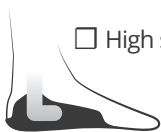
- Copolymer Graphite
- Opaque polypro Black polypro

OR

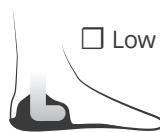
- Graphite Reinforced Thermo Plastic:*
- Copolymer Opaque polypro
- Black polypro

Indicate Foot Plate Material

- Graphite lamination (Not available in sulcus or toe length)
- Polypropylene (Stiff, heat adjustable)
- Co-polymer (Softer, more flexible, heat adjustable)
- Black poly pro (Good all around and heat adjustable)



High sides (UCB Type)






Low side (Sole Plate)

Foot Plate Trim

- Heel cup (proximal to the base of the 5th metatarsal)
- Trim proximal to the metatarsal heads
- Trim to toe sulcus
- Trim to toes - Outline of full foot required!!!

Heel Trim

-  Open heel (graphite footplate only)
-  Half heel
-  Full heel (Closed)

Foot Plate Padding

- Fabricate entire foot plate with no padding
- Line entire foot plate with 1/8 inch padding
- Line entire foot plate with 1/4 inch padding
- Line sides with 1/8 inch; sole with 1/4 inch
- Line sole with 1/8 inch; no padding on sides

Foot Plate Padding Material

- Aliplast 1/8" (soft-white) Pelite 1/8" (medium white)
- Aliplast 3/16" (soft-white) Plastizote 1/8" (pink)
- Aliplast 1/8" (soft black) Plastizote 1/4" (pink)

Finish and Color (Graphite sections only)

- Textured Powdercoat Finish (Lightest, most durable finish)
 - Black textured Pewter (silver)
 - Royal blue Burgundy

High Gloss Paint Finish

- Black Royal blue Burgundy
- Beige Emerald green White
- Burnt orange Dark violet Steel blue
- Quicksilver Indy yellow
- Custom paint finish* - Indicate custom paint # _____

Special Instructions: _____

*Indicates additional charges apply