

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

Clinical Evaluation

Patient's Last Name: _____

Patient's First Name: _____

Male Female Age _____

Weight _____ (LBS) Height _____ (IN)

Leg: Left Right

Shoe Sizing

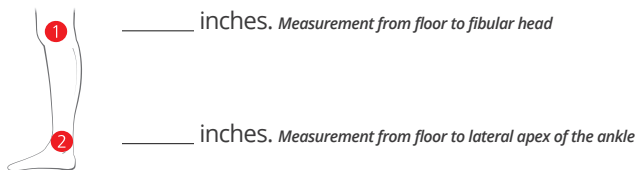
Shoe size _____

- Match template traced on form
- Shoe provided to match

Footwear Description

Type of footwear client typically wears _____

Provide Height Measurements



Choose Total Height of the Brace

- 12 inches 13 inches 14 inches 15 inches
- 16 inches 17 inches Other _____"

Footplate Options

- Flat Footplate
- Contoured Footplate (*increases tri-planar control*)

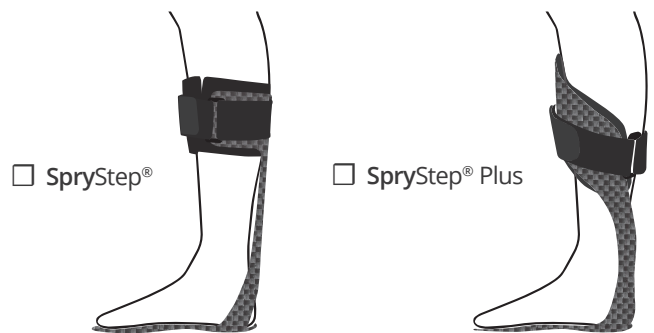
Activity Level (CHECK ONE)

- Household ambulation, sit to stand and transfers only.
- Active household ambulator, with walker or cane, cares for self.
- Limited community ambulator, walks at slow cadence with walker or cane on level surfaces.
- Active community ambulator, walks with or without cane at varying cadence on level and uneven paved surfaces with curbs and ramps.
- Independent ambulator, variable cadence, uneven surfaces both paved and unpaved.
- Very active ambulator, runs and jumps and may participate in sporting activities.

Biomechanical objectives (CHECK ALL THAT APPLY)

- Control Dorsiflexion Weakness
- Control Ankle Valgus Instability
- Control Plantar Flexion weakness
- Resist Knee Hyperextension in Stance
- Control Ankle Varus Instability
- Resist Knee Flexion in Stance

Other _____



Optional pre-tib shell (**SpryStep®** posterior only) Yes No