

Company Info

Company: _____
Contact Name: _____
Contact Phone: _____
PO Number: _____

Shipping

Street Address: _____
City: _____ State: _____ Zip: _____

Patient Info

Patient Name: _____
Ht. _____ Wt. _____

LEFT RIGHT BILATERAL



**FINISHED TOP
OF BRACE HEIGHT**

*NOTE: The top of brace will be 6" above the apex of medial malleolus. (STANDARD)

*NOTE: Proximal edge of casting needs to be 1" higher than finished top of brace

*NOTE: For the most successful final fitting results, it is highly recommended that you capture the desired ankle and forefoot positioning at time of casting. *

If you do not choose an option, you will receive the STANDARD

CAST CORRECTIONS / POSITION

CASTED USING:

- Flat surface Std.
- ¼" Heel
- 3/8" Heel

ANKLE: (Dorsiflexion – Plantar flexion)

- Correct to Neutral Std.
- Leave as is
- Correct to: _____

FOOTPLATE Plastic Trim Length

- Proximal to Mets Std.
- Sulcus Length

PLASTIC THICKNESS

- 1/8 Std.
- 5/32
- 3/16

1/8 Plastazote Liner

- No Std.
- Yes

COLOR Options

- Black Std.
- Taupe
- White

CLOSURE Options

- Eyelets Std.
- Eyelets / Boot Hooks Combo
- Velcro Straps
- Eyelets / Velcro Combo

SPECIAL INSTRUCTIONS

FOR LAB

Weight: _____

Ship Via: Ground Next Day Next Day Saver

Date Received: _____

USE ONLY

TRACKING # _____

Shipping Cost \$ _____

Date Shipped: _____