ELITE ORTHOTICS

CUSTOM BRACING SOLUTIONS

Monday – Friday 8:00am – 4:15pm
705 West Beaver Street Zelienople, PA 16063
1-877-922-8225 www.eliteorthotics.com

ELITE FREMO

Free Motion Trim

Company Info

Company: _____

Contact Name: _____

Contact Phone: _____

PO Number: _____

Shipping

Street Address: _____

_____

City: _____ State: _____ Zip: _____

Patient Info

Patient Name: _____

Ht. _____ Wt. _____

☐ LEFT ☐ RIGHT ☐ BILATERAL

*If you do not choose an option, you will receive the **Std.***

FINISHED TOP OF BRACE HEIGHT

☐

*NOTE: If no finished top of brace measurement is provided the **STANDARD** will be to drop 1'' from the top of cast or mark inside of cast. Making that the finished top of brace height.

*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. *

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*

- ☐ Met Head **Std.**
- ☐ Sulcus
- ☐ Full Foot

PLASTIC *Color / Type / Thickness*

Black **Std.**

POLYPRO **Std.**

☐ 1/8'' **Std.** ☐ 3/16''

SPECIAL INSTRUCTIONS

_____

_____

_____

_____

JOINT TYPE Options

- ☐ Tamarack **Std.**
- ☐ Tamarack Dorsi Assist

PADDING / LINER Options

- ☐ Yes
- ☐ No **Std.**

STRAPPING Options

1.5" Calf Strap WELDED VELCRO **Std.**

☐ 1" Ankle Strap

FOR LAB USE ONLY

Weight: _____ Ship Via: Ground Next Day Next Day Saver Date Received: _____

TRACKING # _____ Shipping Cost $ _____ Date Shipped: _____

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