

BILL TO: _____

ADDRESS: _____

SHIP TO: _____

ADDRESS: _____

SAME AS BILLING

PRACTITIONER: _____

PHONE #: _____

PATIENT NAME: _____

HEIGHT: LEFT MALE
 WEIGHT: RIGHT FEMALE
 AGE: BILATERAL

OPS INVOICE/NG ENCOUNTER: _____

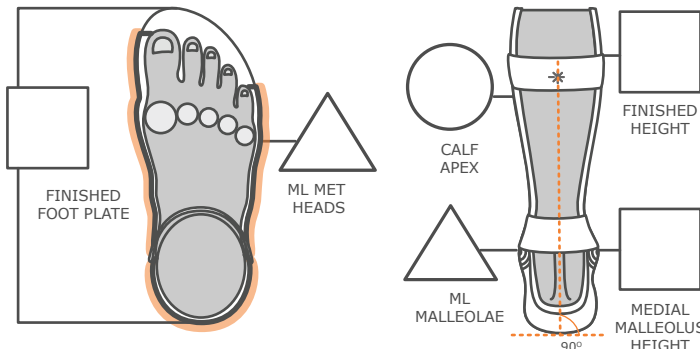
DATE OF SERVICES: _____

IN-OFFICE REQUEST DATE: _____

EARLY AM AM SATURDAY

FLR RXN Post Entry-STANDARD

- Full Footplate
- Forefoot Neutral
- Ankle 3-5° PF
- 5/32" Copolymer
- Chafe Medial
- (2) 1 1/2" White Straps
- 5/32" Polypropylene
- 1/4" AliPlast Pad



VARIATIONS

CAST CORRECTION

ANKLE DF _____ °
 PF _____ °

HEEL IN _____ °
 EV _____ °

FOREFOOT SUP _____ °
 PRO _____ °

90° OTHER
HEEL HEIGHT 3/16
 1/4
 1/8

MODIFICATIONS

	LOCATION		LOCATION
+ / BUILDUPS	<input type="checkbox"/> 1/8 _____	- / REDUCTIONS	<input type="checkbox"/> 1/8 _____
	<input type="checkbox"/> 5/32 _____		<input type="checkbox"/> 5/32 _____
	<input type="checkbox"/> 3/16 _____		<input type="checkbox"/> 3/16 _____
	<input type="checkbox"/> 1/4 _____		<input type="checkbox"/> 1/4 _____
	<input type="checkbox"/> OTHER _____		<input type="checkbox"/> OTHER _____

TRIMLINES

FOOTPLATE FULL
 METS
 SULCUS
 OTHER _____

FOREFOOT EXTENDED LATERAL
 EXTENDED MEDIAL
 INNER BOOT*
 *PROVIDE HEEL-DORSUM ○

MATERIAL SELECTION

TRANSFER: NONE DESIGN _____

PLASTIC POLYPROPYLENE
 COPOLYMER
 POLYETHYLENE

THICKNESS 5/32
 3/16
 1/4
 1/8

COLOR _____
 BLACK COPOLY
 NATURAL

PADDING ALIPLAST
 PLASTAZOTE
 PE-LITE
 OTHER

THICKNESS 5/32
 3/16
 1/4
 1/8

LOCATION _____
 LATERAL
 MEDIAL
 FULL

FINISH UNFINISHED

STRAPS LEATHER CHAFE MEDIAL
 DACRON CHAFE LATERAL
 FIG 8 1"
 INSTEP 2"

STRAP COLOR BLACK PURPLE BLUE RED BEIGE PINK OTHER _____

OTHER VENT HOLES
 EXT HEEL POST CREPE PLASTIC _____ °
 EXT FOREFOOT POST CREPE PLASTIC _____ °

NOTES: