

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

KAFO-STANDARD

- Heel Neutral
- Forefoot Neutral
- Ankle Neutral
- 3/16" Finished Copolymer
- 1 1/2" Proximal Straps
- White Velcro
- 1/16" PE Tongue
- Solid AFO
- Buildups +1/8"
- Plantar Mod-STD
- Full Footplate
- Standard Forefoot trim
- Chafes Medial
- 3/16" Becker Free Knee, Double Uprights
- 3/16" KJ clearance

PATIENT TRACING AND MEASUREMENTS ARE REQUIRED

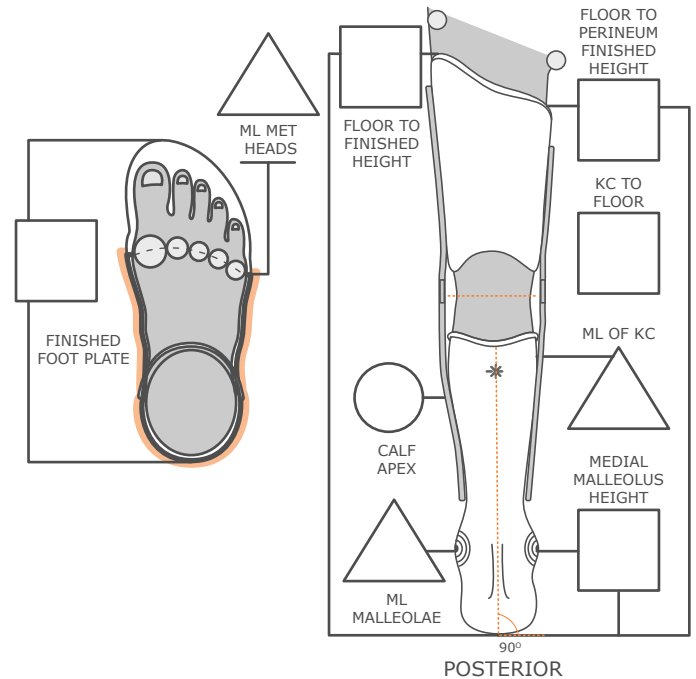
VARIATIONS

CAST CORRECTION

- ANKLE** DF _____ ° IN _____ °
 PF _____ ° EV _____ °
- HEEL** IN _____ °
 EV _____ °
- FOREFOOT** SUP _____ ° VARUM FLEXION
 PRO _____ ° VALGUM EXTENSION
- KNEE** VALGUM EXTENSION

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 _____ |
| | <input type="checkbox"/> OTHER _____ | | <input type="checkbox"/> PTB |



TRIMLINES

- BRIM** IC BLOUNTS
 QUAD PRETIBIAL SHELL
 OTHER _____ VALGUS MOD
- SHANK** EXTENDED LATERAL
 EXTENDED MEDIAL
 DORSAL WRAP
 INNER BOOT*
*PROVIDE HEEL-DORSUM ○
 UCB INSERT
- FOOTPLATE** STANDARD/FULL
 METS
 SULCUS
 OTHER _____
- FOREFOOT** UCB INSERT

MATERIAL SELECTION

TRANSFER: NONE DESIGN _____

- | | | | | | | | | | | | |
|----------------|--|------------------|-------------------------------|--------------------------------|-------------------------------------|------------------|-------------------------------|-----------------|-------------------------------------|----------------------|---------------------------------------|
| PLASTIC | <input type="checkbox"/> OTHER _____ | THICKNESS | <input type="checkbox"/> 5/32 | PADDING | <input type="checkbox"/> FULL LINER | THICKNESS | <input type="checkbox"/> 5/32 | LOCATION | <input type="checkbox"/> _____ | REINFORCEMENT | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> POLYPROPYLENE | | <input type="checkbox"/> 3/16 | | <input type="checkbox"/> ALIPLAST | | <input type="checkbox"/> 3/16 | | <input type="checkbox"/> FULL THIGH | | <input type="checkbox"/> CORRUGATION |
| | <input type="checkbox"/> COPOLYMER | | <input type="checkbox"/> 1/4 | | <input type="checkbox"/> PLASTAZOTE | | <input type="checkbox"/> 1/4 | | <input type="checkbox"/> FULL AFO | | <input type="checkbox"/> POLYCARBON C |
| | <input type="checkbox"/> POLYETHYLENE | | <input type="checkbox"/> 1/8 | | <input type="checkbox"/> PE-LITE | | <input type="checkbox"/> 1/8 | | | | |
| | | | | <input type="checkbox"/> OTHER | | | | | | | |

MATERIAL SELECTION

- ANKLE JOINTS**
- CAMBER AXIS
 - DAAJ
 - FREE MOTION
 - GAFFNEY
 - GILLETTE
 - KLENZAK
 - OKLAHOMA
 - TAMARACK
 - TAMARACK-DORSI ASSIST
 - OTHER _____

- POSTERIOR STOPS**
- FREE MOTION
 - MOTION CONTROL LIMITER (755)
 - MOTION CONTROL LIMITER (795)
 - PAS ELITE 100

- KNEE JOINTS**
- SINGLE UPRIGHT
 - BAR SIZE
 - MATERIAL
 - BAIL LOCK
 - DROP LOCK
 - DROP LOCK RETAINERS
 - CAM LOCK
 - DIAL LOCK
 - LERMAN
 - POLYCENTRIC
 - SPRING LEVER LOCK
 - STEP LOCK
 - TRIGGER RELEASE
 - POSTERIOR OFFSET
- MEDIAL LATERAL DOUBLE UPRIGHTS
- 3/16 x 5/8 3/16 x 3/4 OTHER
- AL SS TI

- FINISH OPTIONS**
- GROWTH EXTENSIONS
 - POLISHED BARS
 - BARS UNDER PLASTIC
 - TIBIAL TORSION SPREADER BAR _____°

FINISH UNFINISHED

- STRAPS**
- LEATHER
 - DACRON
 - FIG 8
 - INSTEP
 - 4 BUCKLE
 - 5 BUCKLE
 - PTB
 - CHAFE MEDIAL
 - CHAFE LATERAL
 - 1"
 - 2"
 - PATELLA
 - T STRAP
 - POS CHECK STRAP
 - _____

- STRAP COLOR**
- BLACK
 - PURPLE
 - BLUE
 - RED
 - BEIGE
 - PINK
 - OTHER _____

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

NOTES: