

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

DESIGN OPTIONS

SINGLE UPRIGHT DOUBLE UPRIGHT HYBRID

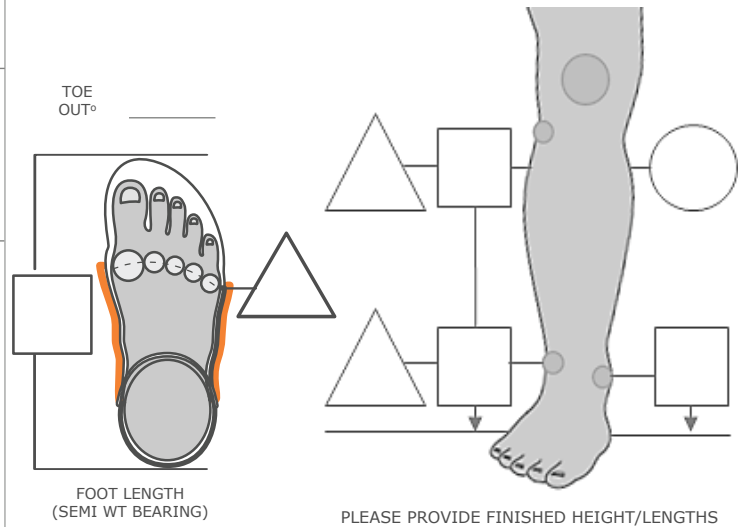
CAST CORRECTION

ANKLE DF _____° PF _____° **HEEL** IN _____° EV _____° **FOREFOOT** SUP _____° PRO _____°

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"/> _____		<input type="checkbox"/> _____

△ ML LENGTH CIRCUMFERENCE



MATERIAL SELECTION

STIRRUP	<input type="checkbox"/> SOLID	ANKLE JOINTS	<input type="checkbox"/> DAAJ	UPRIGHTS	<input type="checkbox"/> AL <input type="checkbox"/> SS <input type="checkbox"/> TI	THICKNESS	HYBRID	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> SOLID-EXTENDED		<input type="checkbox"/> FREE MOTION		<input type="checkbox"/> 1/4 x 3/4			<input type="checkbox"/> POLYPROPYLENE
	<input type="checkbox"/> SOLID-WIDE		<input type="checkbox"/> LIMITED ACTION		<input type="checkbox"/> 1/4 x 5/8			<input type="checkbox"/> COPOLYMER
	<input type="checkbox"/> SPLIT		<input type="checkbox"/> DORSI ASSIST		<input type="checkbox"/> 3/16 x 1/2			<input type="checkbox"/> POLYETHYLENE
	<input type="checkbox"/> UCBL		<input type="checkbox"/>		<input type="checkbox"/> 3/16 x 3/4			<input type="checkbox"/> PINS
<input type="checkbox"/>		<input type="checkbox"/> 3/16 x 5/8	<input type="checkbox"/> SPRINGS	<input type="checkbox"/> 5/32 <input type="checkbox"/> 1/4				
		<input type="checkbox"/> 1/8 x 1/2	PRE-SET	<input type="checkbox"/> DF _____°	<input type="checkbox"/> 3/16 <input type="checkbox"/> 1/8			
		<input type="checkbox"/>	<input type="checkbox"/> PF _____°					

FINISH

STRAPS	<input type="checkbox"/> LEATHER	COLOR	<input type="checkbox"/> BEIGE	SHOES	<input type="checkbox"/> HEEL LIFT
	<input type="checkbox"/> DACRON		<input type="checkbox"/> BLACK		<input type="checkbox"/> HEEL AND SOLE LIFT
	<input type="checkbox"/> BOOT HOOKS		<input type="checkbox"/> BROWN		<input type="checkbox"/> MEDIAL WEDGE
	<input type="checkbox"/> EYELETS		<input type="checkbox"/> WHITE		<input type="checkbox"/> LATERL WEDGE
	<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> STEEL SHANK
<input type="checkbox"/> T STRAP		<input type="checkbox"/>			
<input type="checkbox"/> MEDIAL					
<input type="checkbox"/> LATERAL					

NOTES: