

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: _____

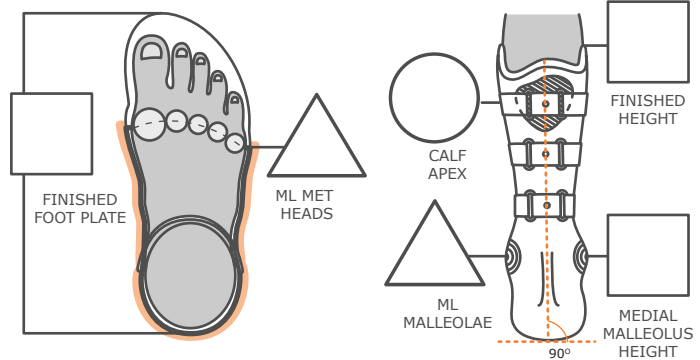
DATE OF SERVICES: _____

IN-OFFICE REQUEST DATE: _____

EARLY AM AM SATURDAY

PTB – REMOVABLE SHELL

- Heel Neutral
- Forefoot Neutral
- Ankle Neutral
- 5/32" Copolymer
- Double Chafes
- 1/4" AliPlast padding attached to Posterior Shell
- Buildups +1/8
- Plantar Mod-STD
- Full Footplate
- Standard Forefoot trim
- (3) 1 1/2" White Straps



VARIATIONS

CAST CORRECTION

ANKLE DF _____ ° PF _____ °

HEEL IN _____ ° EV _____ °

FOREFOOT SUP _____ ° PRO _____ °

HEEL HEIGHT 90° OTHER 3/16 1/4 1/8

MODIFICATIONS

+ / BUILDUPS LOCATION 1/8 _____ 5/32 _____ 3/16 _____ 1/4 _____ OTHER _____

- / REDUCTIONS LOCATION 1/8 _____ 5/32 _____ 3/16 _____ 1/4 _____ OTHER _____

TRIMLINES

FOOTPLATE FULL METS SULCUS OTHER _____

FOREFOOT EXTENDED LATERAL EXTENDED MEDIAL DORSAL WRAP 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 PELITE _____

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

LOCATION _____ LATERAL MEDIAL FULL

FINISH UNFINISHED

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

STRAP COLOR BLACK PURPLE BLUE RED BEIGE PINK OTHER _____
 OTHER VENT HOLES EXT HEEL POST EXT FOREFOOT POST CREPE PLASTIC _____ ° CREPE PLASTIC _____ °

NOTES: