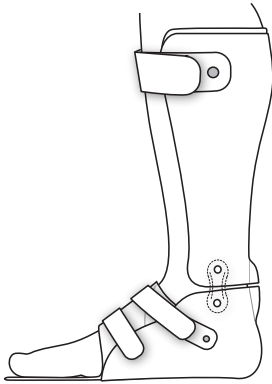


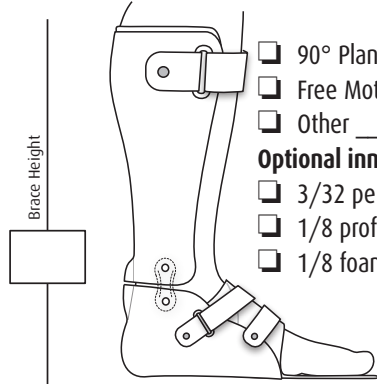
Customer Name \_\_\_\_\_  
Practitioner \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Account No. \_\_\_\_\_

Patient Name \_\_\_\_\_  
 Left  Right  Bilateral  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Diagnosis \_\_\_\_\_  
Date Required \_\_\_\_\_

**Lateral View**



**Medial View**



- 90° Plantar Stop (STD)
- Free Motion
- Other \_\_\_\_\_
- Optional inner boot**
- 3/32 pe (standard)
- 1/8 proflex
- 1/8 foam

Brace Height

Finished Length \_\_\_\_\_

Std Strapping Shown Above

**Right Ankle Alignment**

- Neutral  As Casted
- \_\_\_\_\_° Dorsi /Plantar

**Left Ankle Alignment**

- Neutral  As Casted
- \_\_\_\_\_° Dorsi /Plantar

**Right Heel Alignment**

- Neutral  As Casted
- Tune-wedge 10° anterior

**Left Heel Alignment**

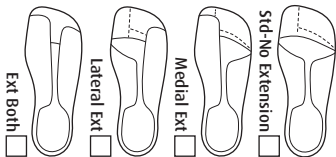
- Neutral  As Casted
- Tune-wedge 10° anterior

**Forefoot Alignment**

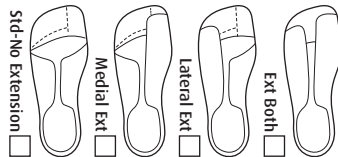
Please indicate finished post height – inches or centimeters.

Valgus	Varus	Neutral	Neutral	Varus	Valgus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

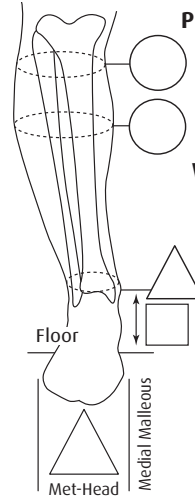
**Dorsal Extension - Control Forefoot Right**



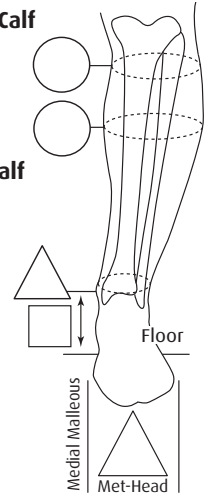
**Dorsal Extension - Control Forefoot Left**



**Right Side**



**Left Side**



**Tone Inhibiting Modifications**

- None  Aggressive

**Straps**

- White Strap Standard Other \_\_\_\_\_

**Pads**

- White Pad Standard Other \_\_\_\_\_

**Additional Padding**

- Posterior Proximal Calf
- Navicular
- Other \_\_\_\_\_

**Posting**

- None/Std  Full Plantar
- Heel Post  Heel & Midfoot
- Other \_\_\_\_\_

Pattern Transfer \_\_\_\_\_

**PreFit Option:**

YES NO

**Shoes:**

- Answer 2  Keeping Pace Size: \_\_\_\_\_

**Socks:**

Additional quantity: \_\_\_\_\_

**SPECIAL NOTES**

**FAB USE ONLY**

Date Received \_\_\_\_\_

Order # \_\_\_\_\_

