

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

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

**Lateral View**

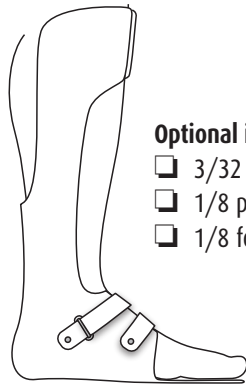
**Medial View**

**Right Side**

**Left Side**

**Strap Options**

- Attach
- Send
- None



- Optional inner boot**
- 3/32 pe (standard)
  - 1/8 proflex
  - 1/8 foam

Std Strapping Shown Above

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

**Right Ankle Alignment**

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

**Left Ankle Alignment**

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

**Right Heel Alignment**

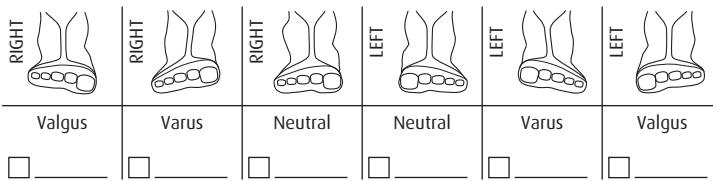
- Neutral  As Casted
- Tune-wedge 10° anterior

**Left Heel Alignment**

- Neutral  As Casted
- Tune-wedge 10° anterior

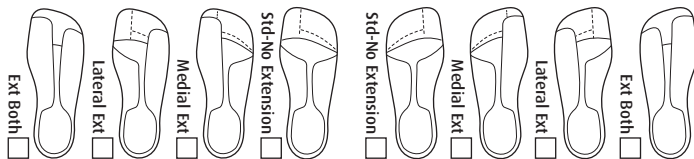
**Forefoot Alignment**

Please indicate finished post height – inches or centimeters.

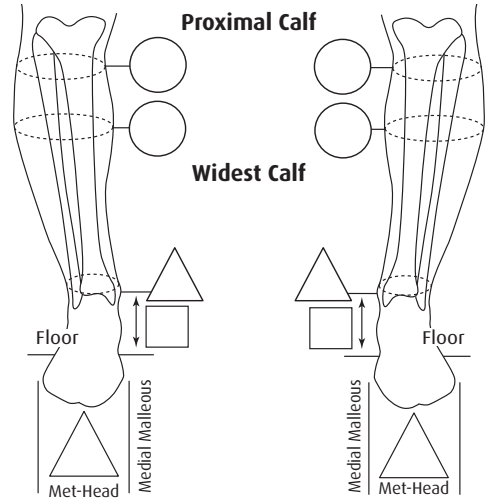


**Dorsal Extension - Control Forefoot Right**

**Dorsal Extension - Control Forefoot Left**



**SPECIAL NOTES**



**Tone Inhibiting Modifications**

- None  Aggressive

**Straps**

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

**Pads**

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

**Additional Padding**

- Anterior Tibia
- Navicular
- Other \_\_\_\_\_

**Posting**

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

**Pattern Transfer**

**PreFit Option:**

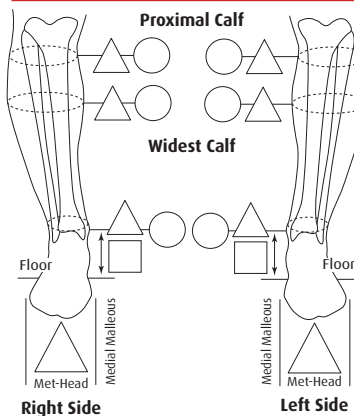
YES NO

**Shoes:**

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

**Socks:**

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



**FAB USE ONLY**

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

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