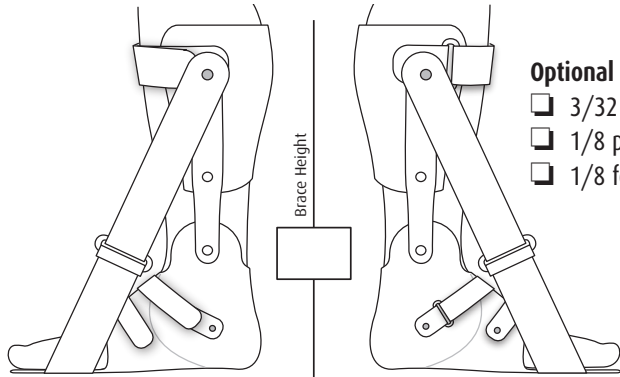


Customer Name _____
Practitioner _____
Address _____
Phone No. _____
Account No. _____

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

Lateral View

Medial View



- 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

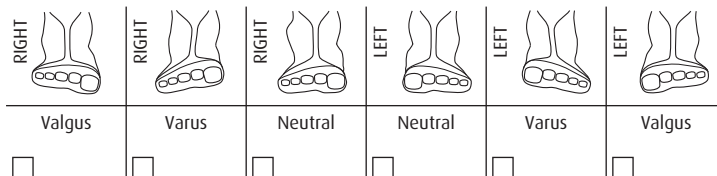
- Neutral As Casted

Left Heel Alignment

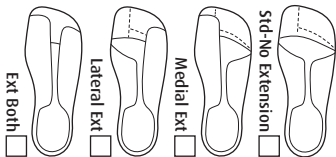
- Neutral As Casted

Forefoot Alignment

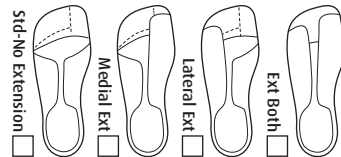
Please indicate finished post height — inches or centimeters.



Dorsal Extension - Control Forefoot Right

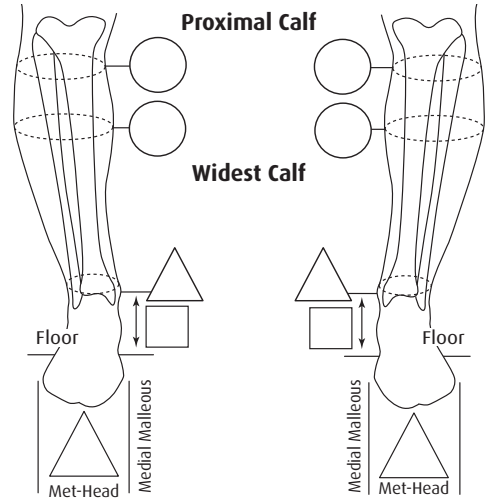


Dorsal Extension - Control Forefoot Left



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

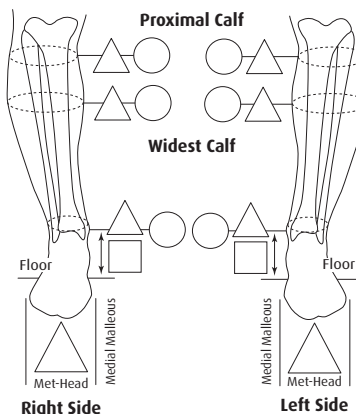
Shoes:

- Answer 2 Keeping Pace Size: _____

Socks:

Additional quantity: _____

SPECIAL NOTES



FAB USE ONLY

Date Received _____

Order # _____