

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

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

Lateral View

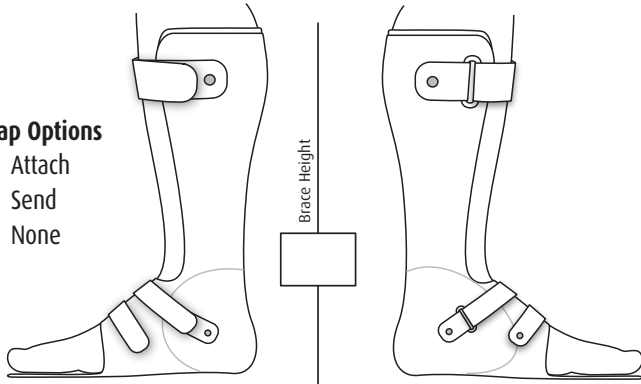
Medial View

Right Side

Left Side

Strap Options

- Attach
- Send
- None



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

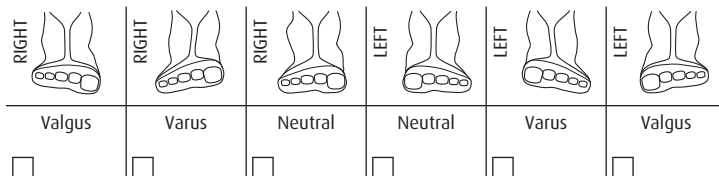
- Neutral As Casted
- Tune-wedge 10° anterior

Left Heel Alignment

- Neutral As Casted
- Tune-wedge 10° anterior

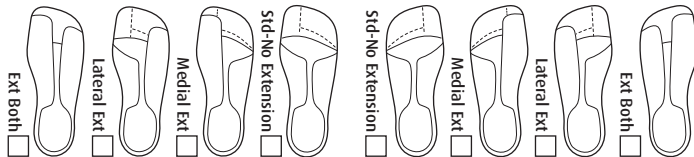
Forefoot Alignment

Please indicate finished post height – inches or centimeters.

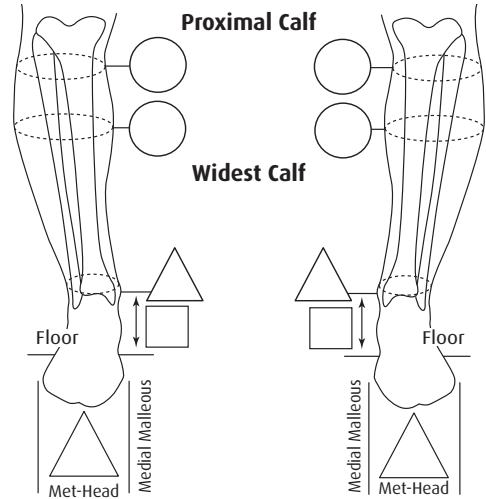


Dorsal Extension - Control Forefoot Right

Dorsal Extension - Control Forefoot Left



SPECIAL NOTES



Tone Inhibiting Modifications

- None Aggressive

Straps

- White Strap Standard Other _____

Pads

- White Pad Standard Other _____

Additional Padding

- Posterior Proximal Calf
- Navicular
- Other _____

Posting

- None/Std Full Plantar
- Heel Post Heel & Midfoot
- Other _____

Pattern Transfer

PreFit Option:

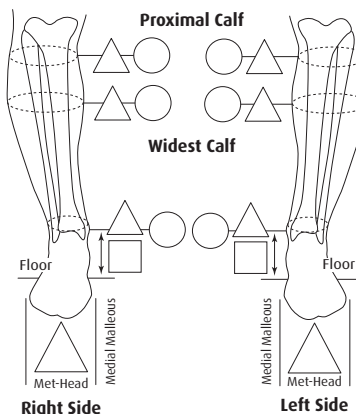
- YES NO

Shoes:

- Answer 2 Keeping Pace Size: _____

Socks:

Additional quantity: _____



FAB USE ONLY

Date Received _____

Order # _____