

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

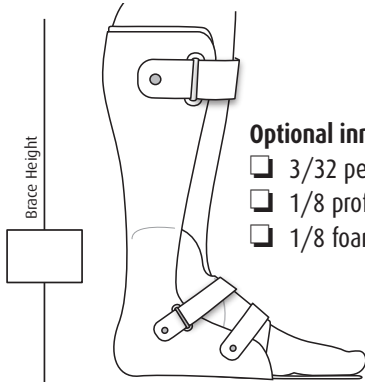
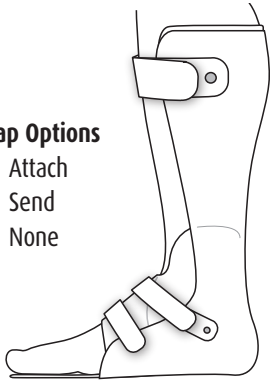
Patient Name _____
 Left Right Bilateral
Age _____ Sex _____ Height _____ Weight _____
Diagnosis _____
Date Required _____

Lateral View

Medial View

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.

 RIGHT Valgus <input type="checkbox"/>	 RIGHT Varus <input type="checkbox"/>	 RIGHT Neutral <input type="checkbox"/>	 LEFT Neutral <input type="checkbox"/>	 LEFT Varus <input type="checkbox"/>	 LEFT Valgus <input type="checkbox"/>
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Dorsal Extension - Control Forefoot Right

 Dorsal Ext Both <input type="checkbox"/>	 Lateral Ext <input type="checkbox"/>	 Medial Ext <input type="checkbox"/>	 Std-No Extension <input type="checkbox"/>
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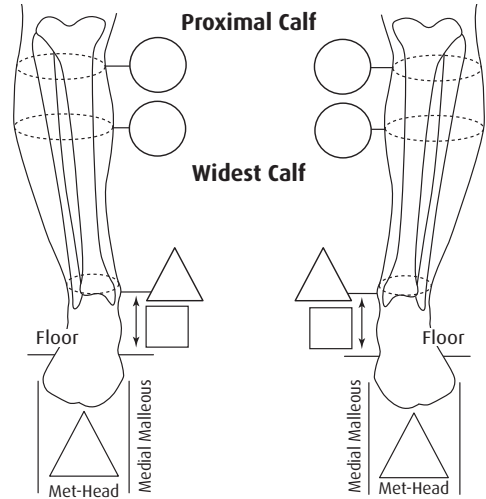
Dorsal Extension - Control Forefoot Left

 Dorsal Ext Both <input type="checkbox"/>	 Medial Ext <input type="checkbox"/>	 Lateral Ext <input type="checkbox"/>	 Std-No Extension <input type="checkbox"/>
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SPECIAL NOTES

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:

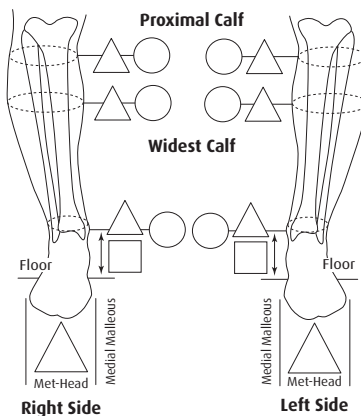
- YES NO

Shoes:

- Answer 2 Keeping Pace Size: _____

Socks:

Additional quantity: _____



FAB USE ONLY

Date Received _____

Order # _____