

**BILL TO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SHIP TO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

SAME AS BILLING

**PRACTITIONER:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_

**HEIGHT:**  LEFT  MALE

**WEIGHT:**  RIGHT  FEMALE

**AGE:**  BILATERAL

**OPS INVOICE/NG ENCOUNTER:** \_\_\_\_\_

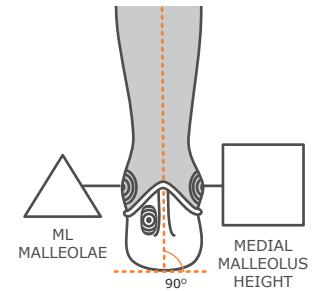
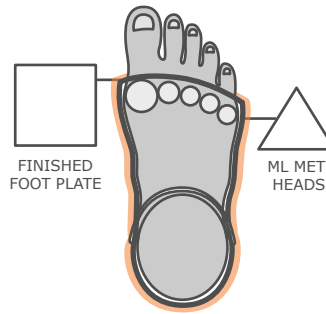
**DATE OF SERVICES:** \_\_\_\_\_

**IN-OFFICE REQUEST DATE:** \_\_\_\_\_

EARLY AM  AM  SATURDAY

**UCB-STANDARD**

- Heel Neutral
- Forefoot Neutral
- Ankle Neutral
- 5/32" Copolymer
- Buildups +1/8
- ST Reduction -1/4"
- Sulcus Footplate
- Standard Forefoot trim



**VARIATIONS**

**CAST CORRECTION**

**ANKLE**  DF \_\_\_\_\_ °  
 PF \_\_\_\_\_ °

**HEEL**  IN \_\_\_\_\_ °  
 EV \_\_\_\_\_ °

**FOREFOOT**  SUP \_\_\_\_\_ °  
 PRO \_\_\_\_\_ °

90°  OTHER  
**HEEL HEIGHT**  3/16  
 1/4  
 1/8

**MODIFICATIONS**

<b>+ / BUILDUPS</b>	<input type="checkbox"/> 1/8 _____	LOCATION	<input type="checkbox"/> 1/8 _____	LOCATION
	<input type="checkbox"/> 5/32 _____		<input type="checkbox"/> 5/32 _____	
	<input type="checkbox"/> 3/16 _____		<input type="checkbox"/> 3/16 _____	
	<input type="checkbox"/> 1/4 _____		<input type="checkbox"/> 1/4 _____	
	<input type="checkbox"/> OTHER _____		<input type="checkbox"/> OTHER _____	

**- / REDUCTIONS**

**TRIMLINES**

**FOOTPLATE**  STANDARD/FULL  
 MET HEADS  
 OTHER \_\_\_\_\_

**FOREFOOT**  EXTENDED LATERAL  
 EXTENDED MEDIAL  
 DORSAL WRAP

**MATERIAL SELECTION**

TRANSFER:  NONE  DESIGN \_\_\_\_\_

**PLASTIC**  OTHER \_\_\_\_\_  
 POLYPROPYLENE  
 COPOLYMER  
 POLYETHYLENE

**THICKNESS**  5/32  
 3/16  
 1/4  
 1/8

**PADDING**  ALIPLAST  
 PLASTAZOTE  
 PE-LITE  
 OTHER

**THICKNESS**  5/32  
 3/16  
 1/4  
 1/8

**LOCATION**  OTHER \_\_\_\_\_  
 LATERAL  
 MEDIAL  
 FULL

**FINISH**  UNFINISHED

**STRAP COLOR**  BLACK  PURPLE  BLUE  RED  BEIGE  PINK  OTHER \_\_\_\_\_

**STRAPS**  LEATHER  CHAFE LATERAL  
 DACRON  1"  
 FIG 8  2"  
 INSTEP  \_\_\_\_\_

**OTHER**  VENT HOLES  
 EXT HEEL POST  CREPE  PLASTIC \_\_\_\_\_ °  
 EXT FOREFOOT POST  CREPE  PLASTIC \_\_\_\_\_ °

NOTES: