

Practitioner _____

Address _____

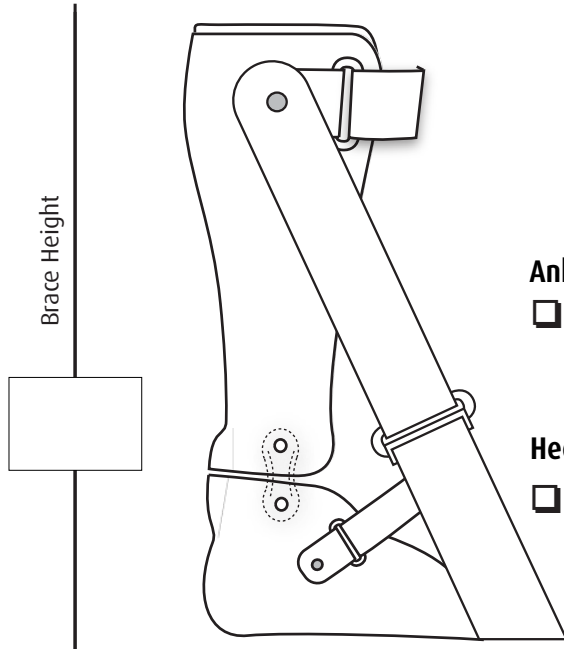
Phone # _____

Patient Name _____

☐ Left ☐ Right ☐ Bilateral

Age _____ Height _____ Weight _____

Activity Level _____

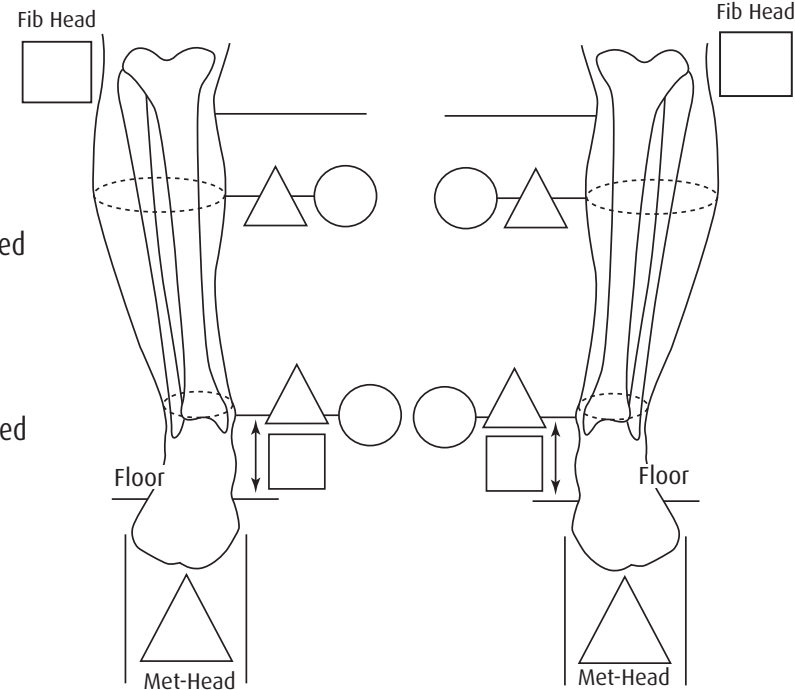


Ankle Alignment:

☐ 90° ☐ As Casted

Heel Alignment:

☐ Neutral ☐ As Casted



Type of Plastic: ☐ Copoly ☐ Poly Pro

Plastic Thickness: ☐ 1/8" ☐ 5/32" ☐ 3/16" ☐ 1/4"

Color: ☐ White ☐ Black ☐ Transfer Pattern _____

Trimlines: ☐ Solid ☐ Semi-Solid ☐ PLS

Footplate: ☐ Full Length ☐ 3/4" ☐ Sulcus

Standard Ankle Strap: ☐ Yes ☐ No

Internal Ankle Control Strap: ☐ Varus ☐ Valgus

Strap Color: ☐ White ☐ Black

Strap Size Calf: ☐ 1" ☐ 1.5" ☐ 2"

Strap size Ankle : ☐ 1" ☐ 1.5" ☐ 2"

Padding Type: ☐ Volara ☐ P-Lite ☐ Other _____

Padding Location: ☐ Posterior Calf ☐ Footplate ☐ Other Location _____

SPECIAL NOTES