


PATIENT

Last Name/Patient ID

First Name

DOB / / Male Female

Weight Height

Dx

Right Left Bilateral

COMPANY

Name

Contact Name

Phone Fax

E-mail

BILLING / SHIPPING

BILLING

Address

City

ST/Prov Zip

Shipping address same as billing? Yes No

SHIPPING

Address

City

ST/Prov Zip

PO #

Order confirmation: Fax E-mail

SHIPPING OPTIONS

Need by Date

UPS Ground.....No Charge

3 Day Select.....\$15.00

2nd Day (by 12:00 p.m.).....\$30.00

Next Day Saver.....\$45.00

Next Day (by 10:30 a.m.).....\$55.00

Next Day\$75.00

Same Day\$100.00

24 Rush Fab Shipping charges apply separately

CASTS

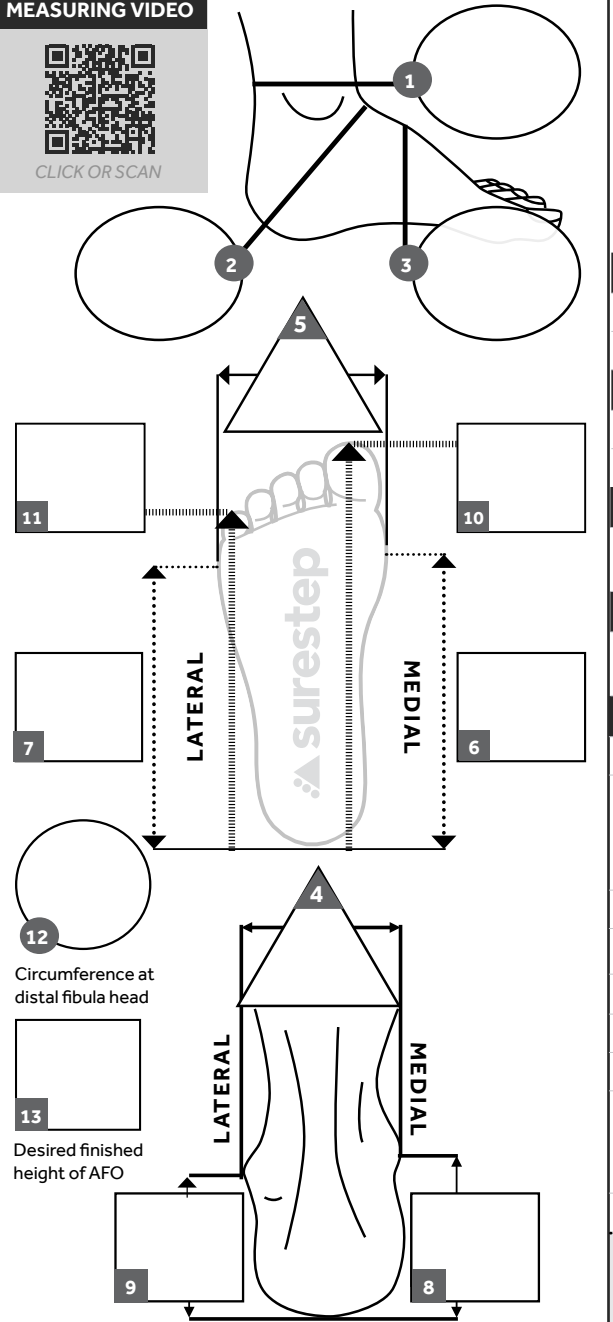
Sending Casts: Yes No

Return impressions pre-modifications \$20.00/pr.

Send casts: 17530 Dugdale Dr. South Bend, IN 46635

MEASUREMENTS

Circumference Width Distance

MEASURING VIDEO


* If number 5 measurement is 3" or greater, a cast is required.

DEVICE STYLE

Hinged AFO, Custom Fabricated

Device to promote:	<input type="checkbox"/> Flexion	<input type="checkbox"/> Extension
Ankle joint lateral:	<input type="checkbox"/> MultiMotion	<input type="checkbox"/> Ultraflex
Ankle joint medial:	<input type="checkbox"/> Free Motion Joint (includes nighttime stretching strap)	<input type="checkbox"/> Free Motion Joint (slide)
Dorsum strap placement:	<input type="checkbox"/> Tamarack	<input type="checkbox"/> C.O.D.
	<input type="checkbox"/> Riveted to molded inner boot <i>Standard</i>	
	<input type="checkbox"/> Riveted to AFO Shell	

CORRECTION

Cast Modifications Neutral/90 As casted

Heel: Ankle: Forefoot:

PLASTIC OPTION

Polypropylene Polyethylene Copolymer Other:

Thickness: Color:

PATTERN

CHAFE (D-RINGS)

Plastic *Standard* Dacron *Optional, no charge*

STRAP COLOR

DORSAL PAD

Dorsal Pad *Standard* Neoprene Pad *Optional, no charge*

ADDITIONS/MODIFICATIONS (Additional charges may apply, see price list)

<input type="checkbox"/> Liner	<input type="checkbox"/> Volara (white) <input type="checkbox"/> Puff	<input type="checkbox"/> Molded Inner Boot	<input type="checkbox"/> MPE <input type="checkbox"/> Duraflex <input type="checkbox"/> Foam
	<input type="checkbox"/> Other:		<input type="checkbox"/> 1/16" <input type="checkbox"/> 3/32" <input type="checkbox"/> 1/8"
	<input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"	TRIM LINE	Height: <input type="checkbox"/> SMO <input type="checkbox"/> Full
<input type="checkbox"/> Dorsum Wing	<input type="checkbox"/> Medial <input type="checkbox"/> Lateral		Boot: <input type="checkbox"/> Short <input type="checkbox"/> Surestep <input type="checkbox"/> Full Length Footplate
<input type="checkbox"/> Heel Post	<input type="checkbox"/> Rigid Plastic <input type="checkbox"/> Crepe	<input type="checkbox"/> Pre-Tibial Shell	<input type="checkbox"/> Internal (tuck-in)
<input type="checkbox"/> T-Strap	<input type="checkbox"/> Medial <input type="checkbox"/> Lateral		<input type="checkbox"/> MPE <input type="checkbox"/> Duraflex
	<input type="checkbox"/> Duraflex <input type="checkbox"/> Polyethylene		<input type="checkbox"/> 3/32" <input type="checkbox"/> 1/8"
<input type="checkbox"/> Walking Base (Attached to AFO)			<input type="checkbox"/> External (overlap) <i>Material same as device</i>
			Specify thickness:

NOTES