

ADULT DEVICE FORM

Date (dd/mm/yy) / /

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
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 \$100.00
 - Same Day \$125.00
- 24** Rush Fab Shipping charges apply separately

- Custom from measurement (Stabilizer & Stirrup only)
- Custom from 3D scan
- Custom from casts Return impressions pre-modifications \$20.00/pr.



FAX OR E-MAIL COMPLETED FORMS

Fax 866.700.7837 | E-mail orders@surestep.net | Phone 877.462.0711
 Send casts to: 17530 Dugdale Drive, South Bend, IN 46635

CORRECTION

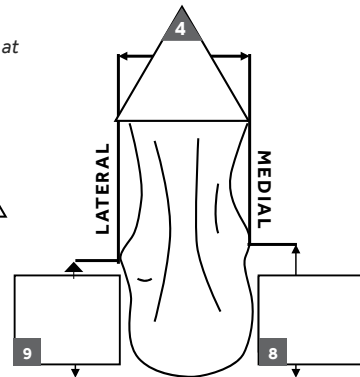
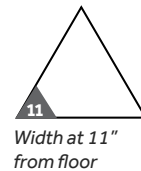
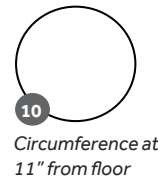
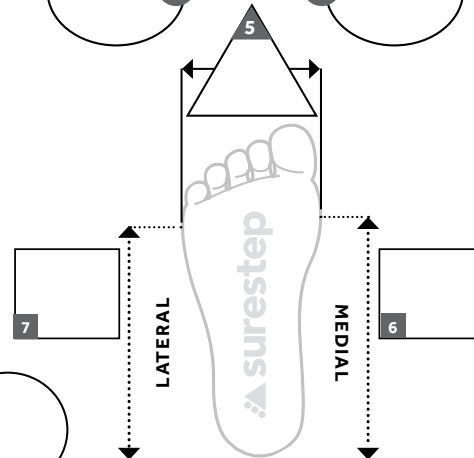
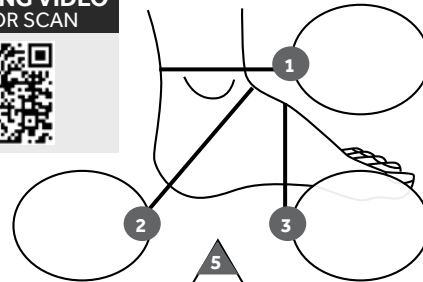
Cast Modifications Neutral/90 As casted
 Heel: Ankle: Forefoot:

NOTES






MEASUREMENTS

Circumference Width Distance

MEASURING VIDEO
 CLICK OR SCAN



ADULT AFO

DEVICE SELECTION	OPTIONS	Standard Options*		
 <input type="checkbox"/> STABILIZER	Color Heel Closure Optional Reinforcement	<input type="checkbox"/> Black* <input type="checkbox"/> Enclosed* <input type="checkbox"/> Velcro* <input type="checkbox"/> Vertical	<input type="checkbox"/> White <input type="checkbox"/> Open <input type="checkbox"/> Lace <input type="checkbox"/> Split "A"	<input type="checkbox"/> US Flag
 <input type="checkbox"/> STIRRUP	Hinge Top Cover Heel Cup Medial Heel Post Footplate Length	<input type="checkbox"/> Free Motion* <input type="checkbox"/> Solid <input type="checkbox"/> EVA* <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 1/2" <input type="checkbox"/> None* <input type="checkbox"/> 3/16"	<input type="checkbox"/> Dorsi Assist <input type="checkbox"/> Diabetic <input type="checkbox"/> 3/4" <input type="checkbox"/> 3/8" <input type="checkbox"/> 1/4" <input type="checkbox"/> 1/8"	<input type="checkbox"/> Sulcus
 <input type="checkbox"/> MILD (DYNASTRIDE)	Color Closure Footplate Length Finished Height	<input type="checkbox"/> White <input type="checkbox"/> Velcro* <input type="checkbox"/> Proximal to Mets* <input type="checkbox"/> 7"	<input type="checkbox"/> Black <input type="checkbox"/> Lace <input type="checkbox"/> Other:	<input type="checkbox"/> Beige <input type="checkbox"/> Sulcus
 <input type="checkbox"/> MODERATE (DRG FLEX)	Color Closure Footplate Length Finished Height	<input type="checkbox"/> White <input type="checkbox"/> Lace* <input type="checkbox"/> Proximal to Mets* <input type="checkbox"/> 10"	<input type="checkbox"/> Black <input type="checkbox"/> Velcro <input type="checkbox"/> Other:	<input type="checkbox"/> Beige <input type="checkbox"/> Sulcus
 <input type="checkbox"/> SEVERE (DRG)	Color Closure Footplate Length Optional Insole Finished Height	<input type="checkbox"/> White <input type="checkbox"/> Lace* <input type="checkbox"/> Proximal to Mets* <input type="checkbox"/> None* <input type="checkbox"/> 10"	<input type="checkbox"/> Black <input type="checkbox"/> Zig Zag Varus <input type="checkbox"/> Zig Zag Valgus <input type="checkbox"/> Zig Zag Neutral <input type="checkbox"/> Combo (Lace in shoe, velcro proximal) <input type="checkbox"/> Trilam <input type="checkbox"/> Other:	<input type="checkbox"/> Beige <input type="checkbox"/> Sulcus

GAUNTLET SERIES (REQUIRES CASTS OR SCANS)