



Date / /

PATIENT

Patient ID _____

Age _____

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

FedEx SHIPPING OPTIONS

Need by Date

Ground®FREE

2 Day® A.M. 10:30 a.m. or noon 2nd business day\$30.00

Priority Overnight® 10:30 a.m. next business day\$55.00

First Overnight® 8:00 a.m. next business day\$100.00

Rush Fab 4 Day Turnaround..... \$100.00

CASTS

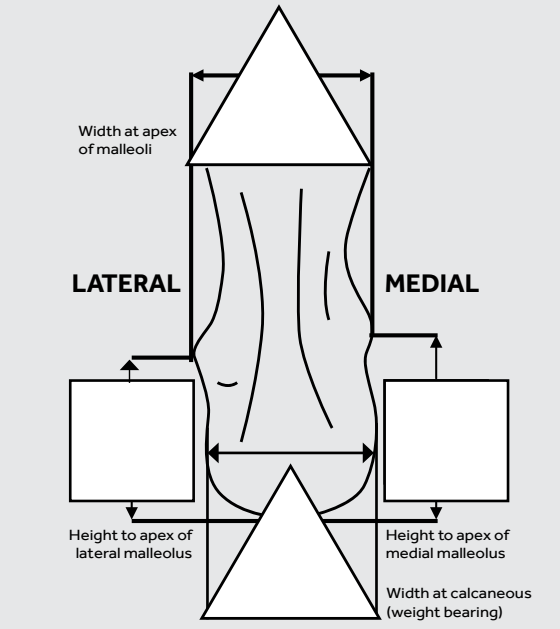
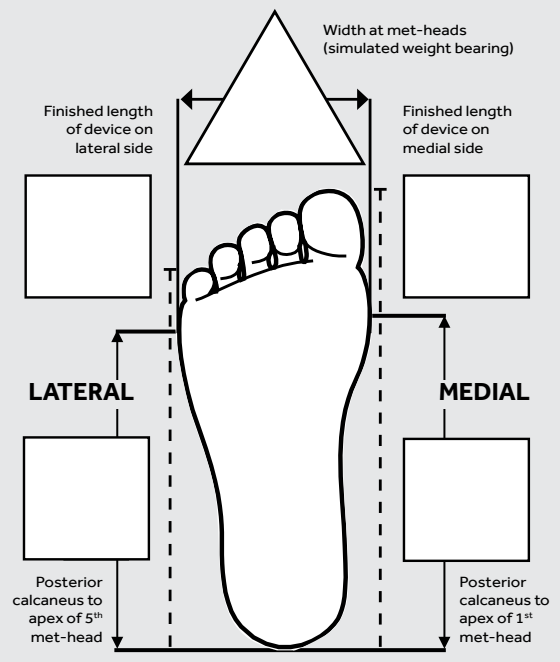
Sending Casts: Yes No

Return impressions pre-modified

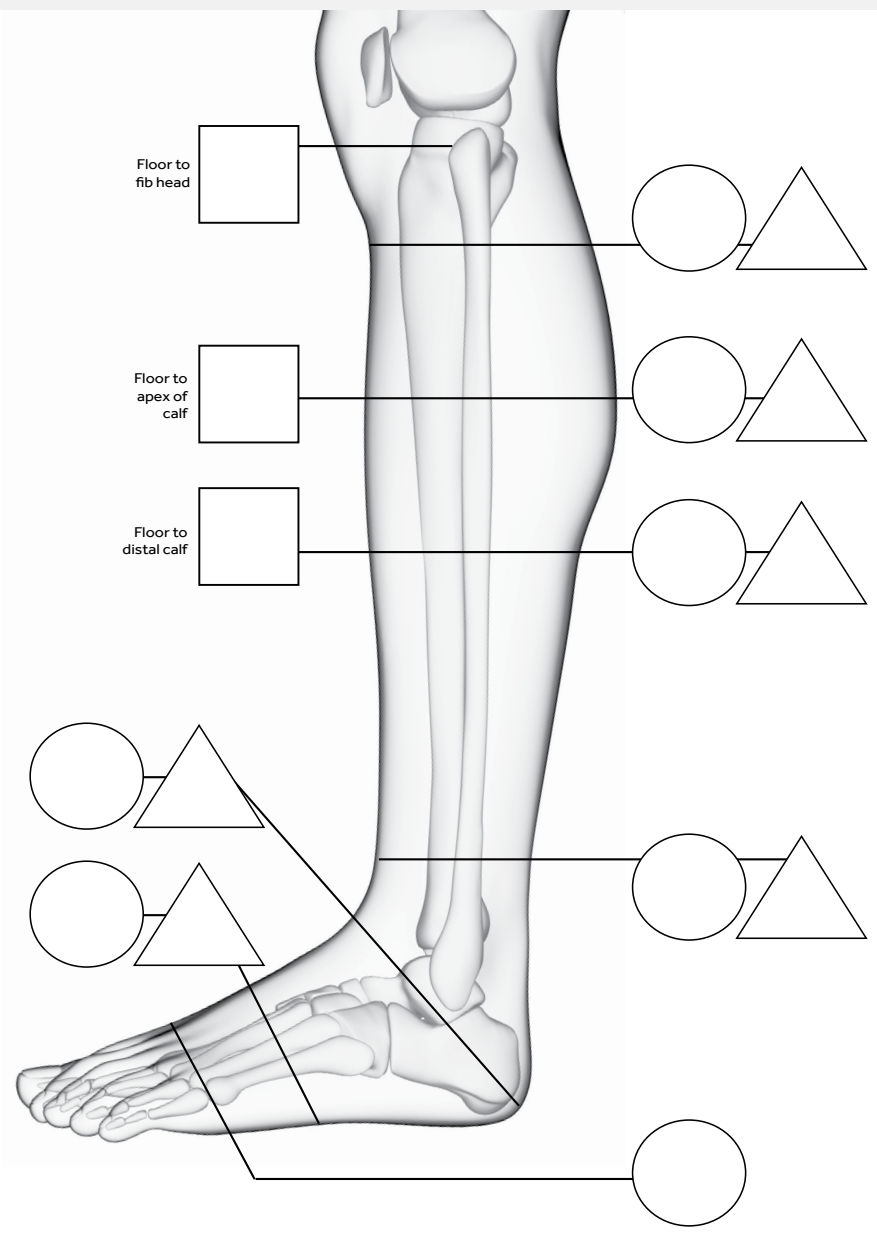
Send to: **Measurements Only**
17531 Dagdale Drive
South Bend, IN 46635

MEASUREMENTS

This form is intended for orders with measurements over 3" width at met-heads



● = Circumference ■ = Distance
▲ = Width ◆ = A/P



DEVICE STYLE	NOTES
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<input type="checkbox"/> UCBL	<input type="checkbox"/>	Hinged AFO, Custom Fabricated	
<input type="checkbox"/> SMO		HINGE	<input type="checkbox"/> Surestep Free Motion <input type="checkbox"/> Surestep DA
			<input type="checkbox"/> Tamarack Free Motion <input type="checkbox"/> Tamarack DA
<input type="checkbox"/> Floor Reaction AFO			<input type="checkbox"/> Gaffney
<input type="checkbox"/> Solid Ankle AFO		STOPS	<input type="checkbox"/> Other:
<input type="checkbox"/> Posterior Leaf AFO	<input type="checkbox"/> Surestop <input type="checkbox"/> Snapstop <input type="checkbox"/> Elite <input type="checkbox"/> Plastic		
		<input type="checkbox"/> Other:	

PLASTIC OPTION

<input type="checkbox"/> Polypropylene	<input type="checkbox"/> Polyethylene	<input type="checkbox"/> Copolymer	<input type="checkbox"/> Other:
Thickness:		Color:	

PATTERN

STRAP COLOR

CHAFE (D-RINGS)

<input type="checkbox"/> Plastic <i>Standard</i>	<input type="checkbox"/> Dacron <i>Optional, no charge</i>
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DORSAL PAD

<input type="checkbox"/> Dorsal Pad <i>Standard</i>	<input type="checkbox"/> Neoprene Pad <i>Optional, no charge</i>
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ADDITIONS/MODIFICATIONS (Additional charges may apply, see price list)
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<input type="checkbox"/> Liner		<input type="checkbox"/> Molded Inner Boot
<input type="checkbox"/> Volara (white) <input type="checkbox"/> Puff		<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		Boot: <input type="checkbox"/> Short <input type="checkbox"/> Surestep
<input type="checkbox"/> Medial <input type="checkbox"/> Lateral		<input type="checkbox"/> Full Length Footplate
<input type="checkbox"/> Heel Post		<input type="checkbox"/> Pre-Tibial Shell
<input type="checkbox"/> Rigid Plastic <input type="checkbox"/> Crepe		<input type="checkbox"/> Internal (tuck-in)
<input type="checkbox"/> Carbon Fiber Reinforcement		<input type="checkbox"/> MPE <input type="checkbox"/> Duraflex
<input type="checkbox"/> T-Strap		<input type="checkbox"/> 3/32" <input type="checkbox"/> 1/8"
<input type="checkbox"/> Medial <input type="checkbox"/> Lateral		<input type="checkbox"/> External (overlap)
<input type="checkbox"/> Duraflex <input type="checkbox"/> Polyethylene		<i>Material same as device</i>
		Specify thickness:
<input type="checkbox"/> Condyle Extension		<input type="checkbox"/> Walking Base (Attached to AFO)
<input type="checkbox"/> Medial <input type="checkbox"/> Lateral		<input type="checkbox"/> Open Heel