


**PATIENT**

 Patient ID \_\_\_\_\_  
 Age (in years) \_\_\_\_\_  
 Male     Female  
 Weight \_\_\_\_\_ Height \_\_\_\_\_  
 Dx \_\_\_\_\_  
 Right     Left     Bilateral

**COMPANY**

 Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

**BILLING / SHIPPING**

<b>BILLING</b>	Address _____
	City _____
	ST/Prov _____ Zip _____
Shipping address same as billing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SHIPPING</b>	Address _____
	City _____
	ST/Prov _____ Zip _____
PO # _____	
Order confirmation: <input type="checkbox"/> Fax <input type="checkbox"/> 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**

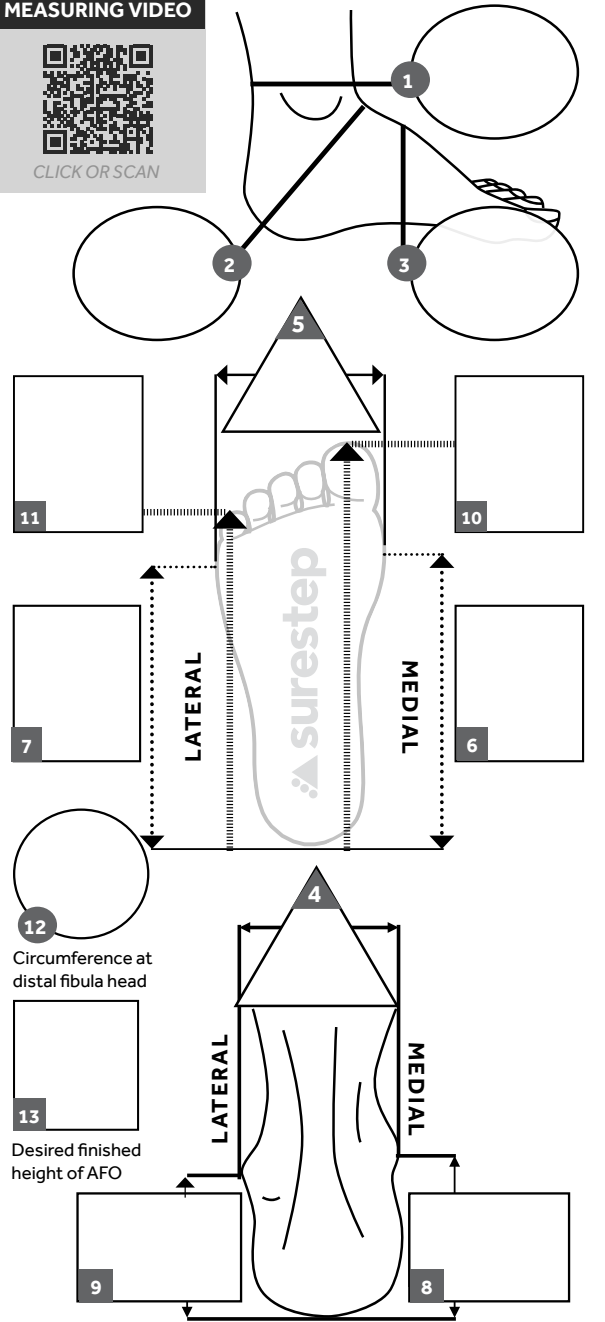
 Sending Casts:     Yes     No  
 Return impressions pre-modifications \$20.00/pr.  
 Send casts:  
 17530 Dugdale Drive  
 South Bend, IN 46635

**MEASUREMENTS**

● Circumference    ▲ Width    ■ Distance

**MEASURING VIDEO**


CLICK OR SCAN



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

**DEVICE STYLE**

<input type="checkbox"/> SMO	<input type="checkbox"/> Hinged AFO, Custom Fabricated
<input type="checkbox"/> Floor Reaction AFO	<input type="checkbox"/> Surestep Free Motion <input type="checkbox"/> Surestep Dual Adjustable <input type="checkbox"/> Tamarack Free Motion <input type="checkbox"/> Tamarack Dual Adjustable <input type="checkbox"/> Gaffney <input type="checkbox"/> Other: _____
<input type="checkbox"/> Solid Ankle AFO	<input type="checkbox"/> Surestop <input type="checkbox"/> Snapstop <input type="checkbox"/> Elite <input type="checkbox"/> Plastic <input type="checkbox"/> Other: _____
<input type="checkbox"/> Posterior Leaf AFO	

**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"/> Molded Inner Boot
<input type="checkbox"/> Volara (white) <input type="checkbox"/> Puff <input type="checkbox"/> Other: _____ <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"	<input type="checkbox"/> MPE <input type="checkbox"/> Duraflex <input type="checkbox"/> Foam <input type="checkbox"/> 1/16" <input type="checkbox"/> 3/32" <input type="checkbox"/> 1/8"
<input type="checkbox"/> Dorsum Wing	<b>TRIMLINE</b>
<input type="checkbox"/> Medial <input type="checkbox"/> Lateral	
<input type="checkbox"/> Heel Post	Height: <input type="checkbox"/> SMO <input type="checkbox"/> Full
<input type="checkbox"/> Rigid Plastic <input type="checkbox"/> Crepe	Boot: <input type="checkbox"/> Short <input type="checkbox"/> Surestep <input type="checkbox"/> Full Length Footplate
<input type="checkbox"/> Carbon Fiber Reinforcement	<input type="checkbox"/> Pre-Tibial Shell
<input type="checkbox"/> T-Strap	<input type="checkbox"/> Internal (tuck-in) <input type="checkbox"/> MPE <input type="checkbox"/> Duraflex <input type="checkbox"/> 3/32" <input type="checkbox"/> 1/8"
<input type="checkbox"/> Medial <input type="checkbox"/> Lateral	<input type="checkbox"/> External (overlap) Material same as device
<input type="checkbox"/> Duraflex <input type="checkbox"/> Polyethylene	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

**NOTES**