


PATIENT

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

COMPANY

 Name _____
 Contact Name _____
 Phone _____ Fax _____
 E-mail _____

BILLING / SHIPPING

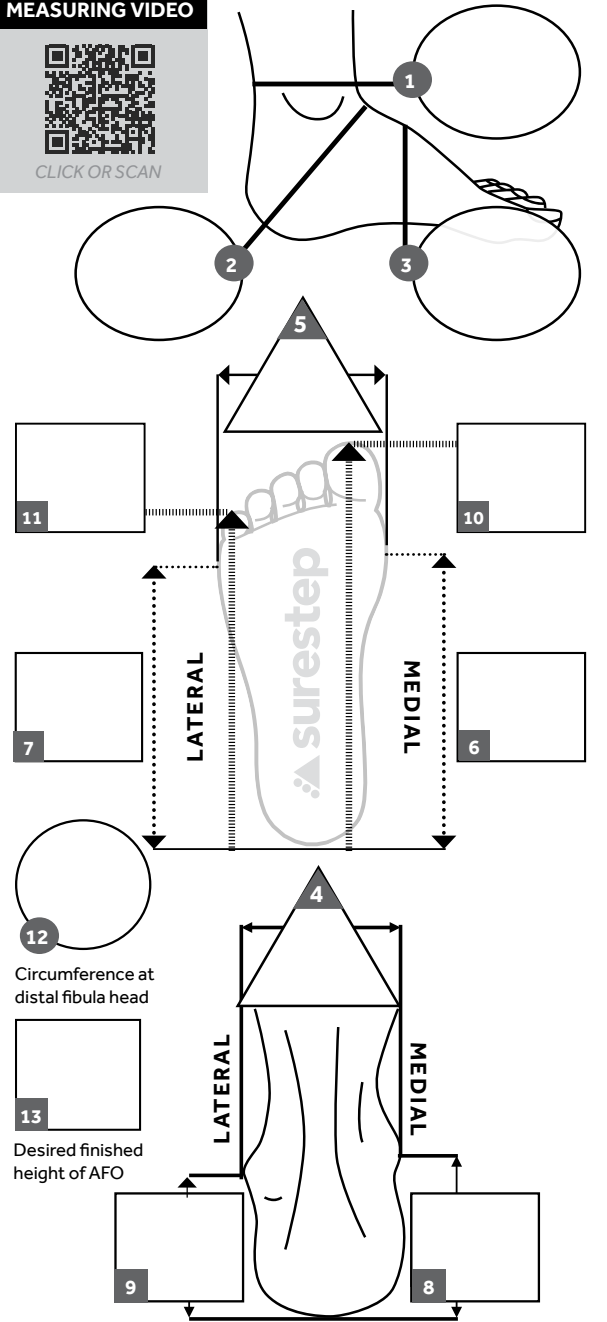
BILLING	Address _____
	City _____
	ST/Prov _____ Zip _____
Shipping address same as billing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SHIPPING	Address _____
	City _____
	ST/Prov _____ Zip _____
PO # _____	
Order confirmation: <input type="checkbox"/> Fax <input type="checkbox"/> E-mail	

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 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

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

	<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)

<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"/> Full Length Footplate
<input type="checkbox"/> Medial <input type="checkbox"/> Lateral	
<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"/> T-Strap	<input type="checkbox"/> MPE <input type="checkbox"/> Duraflex
<input type="checkbox"/> Medial <input type="checkbox"/> Lateral	<input type="checkbox"/> 3/32" <input type="checkbox"/> 1/8"
<input type="checkbox"/> Duraflex <input type="checkbox"/> Polyethylene	<input type="checkbox"/> External (overlap) <i>Material same as device</i>
<input type="checkbox"/> Walking Base (Attached to AFO)	Specify thickness: _____

NOTES