

ADULT DEVICE FORM

Date (dd/mm/yy) / /

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

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

FABRICATION MODEL

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 866.868.1890 | E-mail orders@surestep.net | Phone 877.462.0711
 Send casts to: 17530 Dugdale Drive, South Bend, IN 46635

CORRECTION

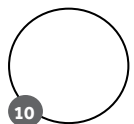
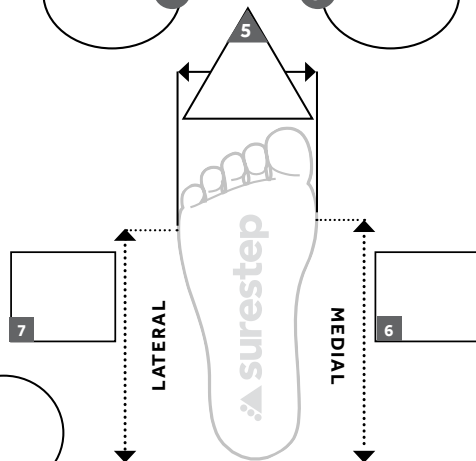
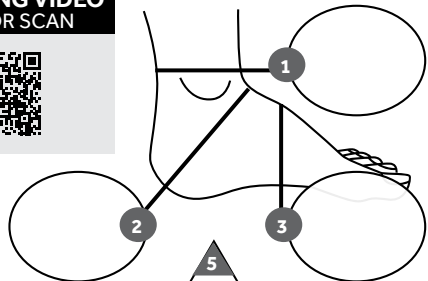
Cast Modifications Neutral/90 As casted
 Heel: _____ Ankle: _____ Forefoot: _____

NOTES

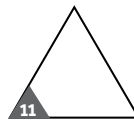
MEASUREMENTS

Circumference Width Distance

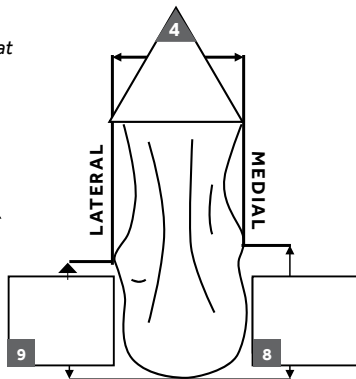
MEASURING VIDEO
 CLICK OR SCAN



10 Circumference at 11" from floor



11 Width at 11" from floor



ADULT AFO

GAUNTLET SERIES (REQUIRES CASTS OR SCANS)

DEVICE SELECTION

STABILIZER

STIRRUP

MILD
 (DYNASTRIDE)

MODERATE
 (DRG FLEX)

SEVERE
 (DRG)

OPTIONS

		Standard Options*			
	Color	<input type="checkbox"/> Black*	<input type="checkbox"/> White	<input type="checkbox"/> US Flag	
	Heel	<input type="checkbox"/> Enclosed*	<input type="checkbox"/> Open		
	Closure	<input type="checkbox"/> Velcro*	<input type="checkbox"/> Lace		
	Optional Reinforcement	<input type="checkbox"/> Vertical	<input type="checkbox"/> Split "Λ"		
	Hinge	<input type="checkbox"/> Free Motion*			
		<input type="checkbox"/> Solid	<input type="checkbox"/> Dorsi Assist		
	Top Cover	<input type="checkbox"/> EVA*	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Spenco	
	Heel Cup	<input type="checkbox"/> 1"*	<input type="checkbox"/> 3/4"		
		<input type="checkbox"/> 1/2"	<input type="checkbox"/> 3/8"		
	Medial Heel Post	<input type="checkbox"/> None*	<input type="checkbox"/> 1/4"		
		<input type="checkbox"/> 3/16"	<input type="checkbox"/> 1/8"		
	Footplate Length	<input type="checkbox"/> Proximal to Mets *	<input type="checkbox"/> Sulcus		
		Color	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Beige
		Closure	<input type="checkbox"/> Velcro*	<input type="checkbox"/> Lace	
Footplate Length		<input type="checkbox"/> Proximal to Mets *	<input type="checkbox"/> Sulcus		
Finished Height		<input type="checkbox"/> 7"*	<input type="checkbox"/> Other:		
	Color	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Beige	
	Closure	<input type="checkbox"/> Lace*	<input type="checkbox"/> Velcro		
	Footplate Length	<input type="checkbox"/> Proximal to Mets *	<input type="checkbox"/> Sulcus		
	Finished Height	<input type="checkbox"/> 10"*	<input type="checkbox"/> Other:		
	Color	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Beige	
	Closure	<input type="checkbox"/> Lace*			
		<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)				
	Footplate Length	<input type="checkbox"/> Proximal to Mets *	<input type="checkbox"/> Sulcus		
	Optional Insole	<input type="checkbox"/> None*	<input type="checkbox"/> Trilam		
Finished Height	<input type="checkbox"/> 10"*	<input type="checkbox"/> Other:			