

Date / /

Fax 866.868.1890 | E-mail orders@surestep.net  
Customer Service 877.462.0711



## 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?  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-modifications \$20.00/pr.

Send casts:  
17530 Dugdale Drive  
South Bend, IN 46635

## MEASUREMENTS

● Circumference ▲ Width ■ Distance

**MEASURING VIDEO**

CLICK OR SCAN

1: Ankle circumference  
2: Heel circumference  
3: Heel width  
4: Ankle width  
5: Ankle distance

6: Medial ball width  
7: Lateral ball width  
8: Medial ball circumference  
9: Lateral ball circumference  
10: Medial ball distance  
11: Lateral ball distance

12: Circumference at distal fibula head

13: Desired finished height of AFO

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

## DEVICE STYLE

SMO

Floor Reaction AFO

Solid Ankle AFO

Posterior Leaf AFO

Hinged AFO, Custom Fabricated

**HINGE**

Surestep Free Motion  Surestep Dual Adjustable

Tamarack Free Motion  Tamarack Dorsi Assist

Gaffney

Other: \_\_\_\_\_

**STOPS**

Surestop  Snapstop

Elite  Plastic

Other: \_\_\_\_\_

## 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)

Liner

Volara (white)  Puff

Other: \_\_\_\_\_

1/8"  3/16"  1/4"

Dorsum Wing

Medial  Lateral

Heel Post

Rigid Plastic  Crepe

Carbon Fiber Reinforcement

T-Strap

Medial  Lateral

Duraflex  Polyethylene

Condyle Extension

Medial  Lateral

Molded Inner Boot

MPE  Duraflex  Foam

1/16"  3/32"  1/8"

**TRIMLINE**

Height:  SMO  Full

Boot:  Short  Surestep  Full Length Footplate

Pre-Tibial Shell

Internal (tuck-in)

MPE  Duraflex

3/32"  1/8"

External (overlap)  
Material same as device

Specify thickness: \_\_\_\_\_

Walking Base (Attached to AFO)

Open Heel

**NOTES**