

PATIENT

Last name:

First Initial:

Patient ID:

Weight:

☐ Bilateral ☐ Left only ☐ Right only Shoe Size:

Practitioner:

Please change to your name if necessary.

Facility:

FINISHED BRACE ANGLES

ANKLE ALIGNMENT (Dorsiflexion-Plantarflexion)

☐ Correct to 3-4° DF ☐ Correct to _____° ☐ DF ☐ Do not correct (Cast alignment OK)
☐ PF

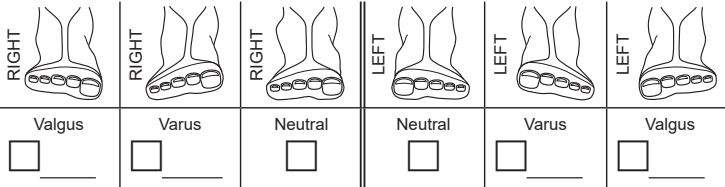
HINDFOOT ALIGNMENT

☐ Correct to vertical (if misaligned) ☐ Do not correct

FOREFOOT ALIGNMENT

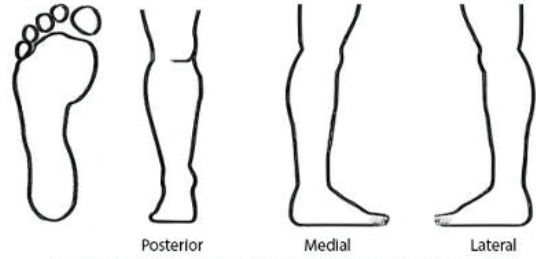
NOTE: Drawings show finished orthosis.

Choose forefoot alignment. Write posting height - in mm - if needed.



SPECIAL INSTRUCTIONS

Note: If you don't choose an option, you will receive the Standard.



☐ Please check here if you need offloading

Type an asterisk above where there is an ulcer/wound.

Use space bar to get asterisk * to the right spot.

Rocker Options

<input type="checkbox"/>	Sulcus Rocker (Standard) Breaks at Sulcus
<input type="checkbox"/>	Full Rocker
<input type="checkbox"/>	Mid Stance Rocker Breaks at Mid-Foot
<input type="checkbox"/>	Metatarsal Rocker Breaks at Met-Heads
<input type="checkbox"/>	Alternate Rocker Please Illustrate (or type name of file attached to online order)*

Shell

☐ 1/4" Black PolyPro **Standard**
☐ 1/4" PolyPro Natural

Transfer Pattern*

Transfer Patterns only available on PolyPro Natural

Options

☐ Black Strap (C-fold) ☐ White Strap (C-fold)
☐ Reinforcement*
☐ Black Dacron Strap*
☐ White Dacron Strap*

*Items marked with an * will incur additional charges

CONSTRUCTION • FEATURES • OPTIONS

ALL MEASUREMENTS MUST BE IN MM

LEGEND

- A1: BOOT LENGTH
- A2: FINISHED BOOT HEIGHT
- A3: CALF CIRCUMFERENCE
- A4: CALF ML
- A5: CALF HEIGHT
- A6: NARROWEST ANKLE CIRC.
- A7: NARROWEST ANKLE ML
- A8: NARROWEST ANKLE HEIGHT
- B1: ANKLE ML
- B2: ANKLE HEIGHT
- B3: 1ST MET AP
- B4: 1ST MET CIRCUMFERENCE
- B5: 1ST MET ML
- B6: MID-ARCH CIRC.
- B7: MID-ARCH AP
- B8: DIAGONAL HEEL CIRC.
- B9: DIAGONAL HEEL AP

