

Completing all the information below will help insure an accurate, lightweight, and well-functioning device for your patient.

Patient / Practitioner Information

Patient _____ Height _____ Weight _____ Age _____

Ankle position during ***weight bearing**** Varus Valgus Neutral Shoe Size: _____

Activity Level: Low: Community ambulation, mainly on level surfaces
 Moderate: Average walking, variable speeds
 High: Variable speeds and terrain, light lifting, occasional recreation
 Extremely High: Rigorous and variable walking, heavy labor/sports

Diagnosis _____ PO# _____
 Facility _____ Practitioner _____
 Phone# _____ Best time to call: _____

****weight bearing***: Whenever possible, please simulate a ***weight bearing*** condition when a cast or scan is taken.

Design Information

Lateral Struts	Medial Struts	Ankle Stability-Knee Control
<input type="checkbox"/> FlexorBand 47342	<input type="checkbox"/> Medial Strut-Calf Band 47343	<input type="checkbox"/> Solid Ankle Anterior Medial 47330
<input type="checkbox"/> Lateral Strut 47320	<input type="checkbox"/> Medial Strut-Anterior Shell 47352	<input type="checkbox"/> Solid Ankle Posterior 47301
<input type="checkbox"/> Posterior Lat. Strut 47298	<input type="checkbox"/> Medial Strut-Posterior Calf 47333	<input type="checkbox"/> Partial Foot Prosthesis 47339
<input type="checkbox"/> Lat. Strut-Anterior Shell 47654	<input type="checkbox"/> TMA Prosthesis 47365	<input type="checkbox"/> Posterior Spring 47358

Heel Height: Flat 3/8" 1/2" 3/4" Other: _____

Total Height: _____ inches Fabrication Side: Left Right Bilateral

Instructions: _____

Options:	<input type="checkbox"/> Flesh Tone-Light 47345	<input type="checkbox"/> Diabetic Foot Bed 47353	<input type="checkbox"/> Ankle Strap 47399
	<input type="checkbox"/> Flesh Tone-Medium 47563	<input type="checkbox"/> CMT Foot Bed 47415	<input type="checkbox"/> Plastazote Lining 47360
	<input type="checkbox"/> Flesh Tone-Dark 47564	<input type="checkbox"/> Proflex SMO 47429	<input type="checkbox"/> HD Construction 47358

Shipping Information Ship Method: Ground 2nd day Other: _____

Address: _____

