

Date \_\_\_\_\_

**PATIENT INFO (PHI)**

Last Name / ID \_\_\_\_\_ First Name \_\_\_\_\_

Gender \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Diagnosis \_\_\_\_\_

Remarks

**SHIPPING INFORMATION**

Practitioner \_\_\_\_\_ Phone/Fax \_\_\_\_\_

Facility \_\_\_\_\_ PO Number \_\_\_\_\_

Ship to Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Company \_\_\_\_\_ Service \_\_\_\_\_

UPS \_\_\_\_\_ Ground \_\_\_\_\_

FedEx \_\_\_\_\_ 2 Day Air \_\_\_\_\_

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

Need by \_\_\_\_\_

Bill to Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shape Acquisition Via: **Cast** **Scan** | Affected Side: **Left** **Right** **Bilateral**

Plantar Modifications: **Yes** **No** Size: \_\_\_\_\_ **Regular** **Wide** (Self-stick Toe Rise Pads included with each order)

### ALIGNMENT

**MUST BE COMPLETED TO PREVENT DELAY OF ORDER**

#### Ankle Alignment (Dorsiflexion - Plantarflexion)

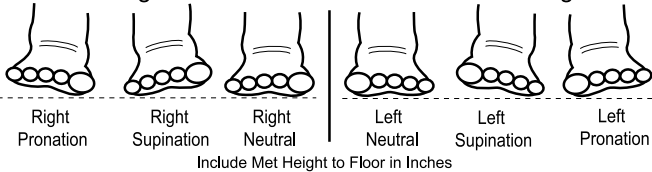
Correct to \_\_\_\_\_ degrees  Do Not Correct (Cast Alignment OK)

#### Hindfoot Alignment

Correct to Vertical  Do Not Correct (Cast Alignment OK)

#### Forefoot Alignment

Circle drawing below to indicate finished forefoot alignment



### Posterior Height

### Foot Length

Full Length Tongue

### Straps

Per Picture Default  
Add Toe Strap  
Dacron Reinforced Straps  
Additional Charge

### Strap Color

White Default  
Color: \_\_\_\_\_

Transfer: \_\_\_\_\_

### Inner Plastic

FIRM-Heat Adjustable Default  
*Limited ambulator or pediatric only*  
Proflex Additional Charge  
Co-Polymer  
Poly Pro

### Inner Liner Color

### Outer Foam Skin Color

Black White  
Additional Padding. Instructions: \_\_\_\_\_

Tri-Lam Insert (Diabetic)  
Additional Charge

### External Posting Additional Charge

No External Posting Default  
Entire External Posting  
Non Skid Bottom

### DORSAL EXTENSION - to control forefoot

