SPECTRUM" EZ GAUNTLET" ORDER FORM



PATIENT INFO (PHI)	LAST NAME/ID FIRST NAME				PO#		
INFO	AGE	HEIGHT	WEIGHT	SEX		RIGHT	🗆 BI-LATERAL
) (PHI							
-	DIAGNOSIS						
SHIPPING INFORMATION	PRACTITIONER	PHONE	FAX	Ground 2 Day	Air 🗌 Overn	ight ∏Other.	
	FACILITY						
MATIO	SHIP TO ADDRESS			BILL TO ADDRESS			
Z	CITY	STATE	ZIP	CITY	STATE	ZIP	
	Ultra WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	Premier FEATURES EVA	LEATHER Black Tan White SYNTHETIC White Black	MEASUREMENT Standard brace height is Ankle - ML	5.9"	ill incur an additi	onal charge)

FEATURES EVA FOAM LINER

Forefoot - ML Distal Tibia 90°

MODIFICATION OPTIONS

□Navicular Relief

LEATHER LINER

Styloid 5th Met Relief

Other _____

PLASTIC INNER SHELL

Copolymer OPolypropylene OPolyethylene

Cut-out Inner Shell from Heel (Heel will still be covered by leather or synthetic material)

Leather and Synthetic Material and OPlastic Inner Shell are Cut-out

ONo Heel Cut-out

POST (Additional charges may apply)

Hindfoot Medial O Lateral

Medial OLateral

Hind & Forefoot Medial Lateral

Arch Post

Forefoot

CAST CORRECTION SPECIAL INSTRUCTIONS

Ankle Alignment

90°

 Dorsiflexion Plantarflexion

Do Not Correct

Hindfoot Subtalar Alignment

Neutral Do Not Correct

Forefoot Alignment Neutral

Do Not Correct

Other _____

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