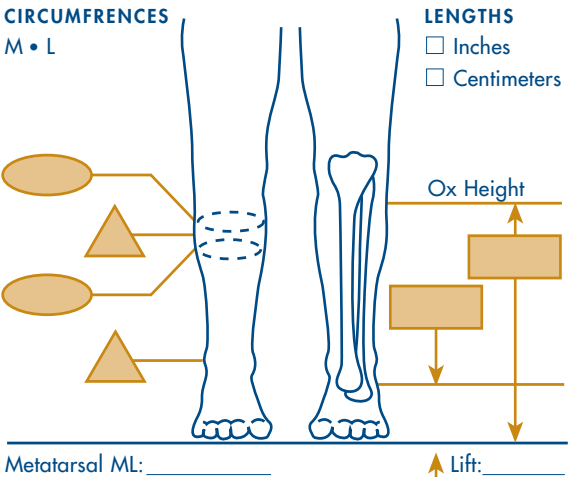
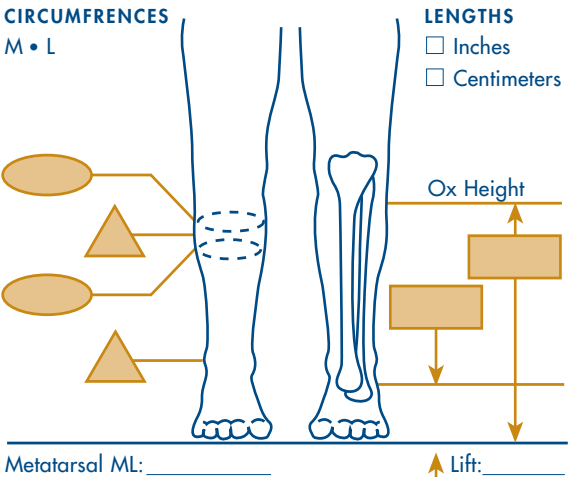
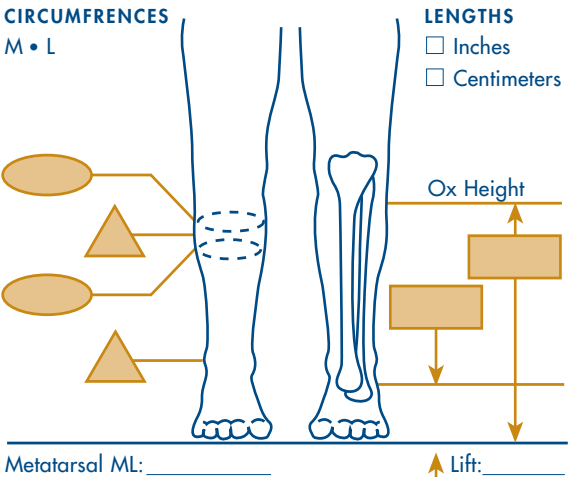


PATIENT INFORMATION			
Today's Date: _____	Due Date: _____	Account #: _____	P.O. #: _____
Patient Name: _____		Facility: _____	Practitioner: _____
Patient ID#: _____		Bill To: _____	Ship To: _____
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Affected Side: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral		
Age: _____	Weight: _____	<input type="checkbox"/> Ground <input type="checkbox"/> 2 Day <input type="checkbox"/> Next Day	

ORDER DESCRIPTION					
① Device: <input type="checkbox"/> N/A <input type="checkbox"/> AFO <input type="checkbox"/> SMO <input type="checkbox"/> UCB Type: <input type="checkbox"/> Flex <input type="checkbox"/> Semi-Rigid <input type="checkbox"/> Rigid <input type="checkbox"/> Solid <input type="checkbox"/> Articulated <input type="checkbox"/> NT Splint Set Ankle At: _____ Cast: <input type="checkbox"/> Negative <input type="checkbox"/> Modified	Design: <i>Continued</i> Padding: <input type="checkbox"/> Naviculars <input type="checkbox"/> Malleoli <input type="checkbox"/> Heel <input type="checkbox"/> Full Foot <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pad After Pull <input type="checkbox"/> Pad Before Pull <input type="checkbox"/> Pad Color: _____	⑤ Finishing: <input type="checkbox"/> N/A Straps: <input type="checkbox"/> Dacron Back <input type="checkbox"/> Hook & Loop Only <input type="checkbox"/> Leather Back <input type="checkbox"/> No Straps Style: <input type="checkbox"/> Calf <input type="checkbox"/> Toe Strap <input type="checkbox"/> Instep <input type="checkbox"/> Dorsal Flap Strap <input type="checkbox"/> Wrap Around <input type="checkbox"/> Strap Color: _____ <input type="checkbox"/> Ribbon #: _____ <input type="checkbox"/> Pad Straps <input type="checkbox"/> Return Cast <input type="checkbox"/> Trimlines/Pad locations drawn on back			
② Design: <input type="checkbox"/> N/A Modification: <input type="checkbox"/> Minimal <input type="checkbox"/> Standard <input type="checkbox"/> Tone Reduction <input type="checkbox"/> Club Foot <input type="checkbox"/> Other: _____ <input type="checkbox"/> Proxflare <input type="checkbox"/> Dorsal Flaps Foot Plate: <input type="checkbox"/> Full <input type="checkbox"/> Sulcus <input type="checkbox"/> Metatarsal <input type="checkbox"/> NYU/UCB Ankle Joints: <input type="checkbox"/> Tamarack <input type="checkbox"/> Gillette <input type="checkbox"/> Oklahoma <input type="checkbox"/> Gafney <input type="checkbox"/> Other: _____ Additions: <input type="checkbox"/> Adjust. Planter Stop <input type="checkbox"/> Planter Stop <input type="checkbox"/> Anterior Shell <input type="checkbox"/> Lined Thickness: _____ <input type="checkbox"/> Slider <input type="checkbox"/> Interlock <input type="checkbox"/> Tongue Thickness: _____ Heel Flare: <input type="checkbox"/> Lateral <input type="checkbox"/> Crepe <input type="checkbox"/> Medial <input type="checkbox"/> Molded <input type="checkbox"/> Full Forefoot Trim: <input type="checkbox"/> Extend Lateral <input type="checkbox"/> Extend Medial <input type="checkbox"/> Standard <input type="checkbox"/> Extend Both Valgus/Varus control: <input type="checkbox"/> Lateral <input type="checkbox"/> Padded <input type="checkbox"/> Medial <input type="checkbox"/> Not Padded	③ Material: <input type="checkbox"/> N/A <input type="checkbox"/> PolyPro <input type="checkbox"/> PolyEth <input type="checkbox"/> CoPoly <input type="checkbox"/> Other: _____ Thickness: <input type="checkbox"/> 3/32 <input type="checkbox"/> 1/8 <input type="checkbox"/> 5/32 <input type="checkbox"/> 3/16 <input type="checkbox"/> 1/4 <input type="checkbox"/> Lining Thickness: _____	⑥ Additional Instructions _____ _____ _____ _____ _____ _____ _____ _____			
④ Color: <input type="checkbox"/> N/A <input type="checkbox"/> Flesh <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Light Blue <input type="checkbox"/> Dark Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Purple <input type="checkbox"/> Pink <input type="checkbox"/> Neon Pink <input type="checkbox"/> Neon Green <input type="checkbox"/> Transfer Description: _____	<table border="0"> <tr> <td style="vertical-align: top;"> CIRCUMFERENCE M • L  </td> <td style="vertical-align: top;"> LENGTHS <input type="checkbox"/> Inches <input type="checkbox"/> Centimeters Ox Height Lift: _____ </td> <td style="vertical-align: top;"> ANKLE <input type="checkbox"/> Varus <input type="checkbox"/> Valgus <input type="checkbox"/> Fexible <input type="checkbox"/> Rigid Degrees: _____ <input type="checkbox"/> Toe Out <input type="checkbox"/> Toe In Degrees: _____ Heel Height: _____ Foot Length: _____ Device Toe Plate Length: _____ </td> </tr> </table>		CIRCUMFERENCE M • L 	LENGTHS <input type="checkbox"/> Inches <input type="checkbox"/> Centimeters Ox Height Lift: _____	ANKLE <input type="checkbox"/> Varus <input type="checkbox"/> Valgus <input type="checkbox"/> Fexible <input type="checkbox"/> Rigid Degrees: _____ <input type="checkbox"/> Toe Out <input type="checkbox"/> Toe In Degrees: _____ Heel Height: _____ Foot Length: _____ Device Toe Plate Length: _____
CIRCUMFERENCE M • L 	LENGTHS <input type="checkbox"/> Inches <input type="checkbox"/> Centimeters Ox Height Lift: _____	ANKLE <input type="checkbox"/> Varus <input type="checkbox"/> Valgus <input type="checkbox"/> Fexible <input type="checkbox"/> Rigid Degrees: _____ <input type="checkbox"/> Toe Out <input type="checkbox"/> Toe In Degrees: _____ Heel Height: _____ Foot Length: _____ Device Toe Plate Length: _____			