

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 \_\_\_\_\_  
 Mobile# \_\_\_\_\_ Office# \_\_\_\_\_ 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 <b>47342</b>	<input type="checkbox"/> Medial Strut-Calf Band <b>47343</b>	<input type="checkbox"/> Solid Ankle Anterior Medial <b>47330</b>
<input type="checkbox"/> Lateral Strut <b>47320</b>	<input type="checkbox"/> Medial Strut-Anterior Shell <b>47352</b>	<input type="checkbox"/> Solid Ankle Posterior <b>47301</b>
<input type="checkbox"/> Posterior Lat. Strut <b>47298</b>	<input type="checkbox"/> Medial Strut-Posterior Calf <b>47333</b>	<input type="checkbox"/> Partial Foot Prosthesis <b>47339</b>
<input type="checkbox"/> Lat. Strut-Anterior Shell <b>47654</b>	<input type="checkbox"/> TMA Prosthesis <b>47365</b>	<input type="checkbox"/> Posterior Spring <b>47358</b>

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

Total Height: \_\_\_\_\_ inches Fabrication Side:  Left  Right  Bilateral

Instructions: \_\_\_\_\_

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

**Shipping Information** Ship Method:  Ground  2nd day  Other: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_