

LOWER EXTREMITY ORTHOMETRY FORM

CUSTOMER NAME: _____
 BILL TO / SHIP TO: _____
 ADDRESS: _____
 PHONE: _____ FAX: _____
 CONTACT: _____

PATIENT NAME: _____
 AGE: _____ HT: _____ WT: _____ SEX: _____
 DIAGNOSIS: _____
 DATE REQUIRED: _____
 PO#: _____
 SHIPPING METHOD: _____

RIGHT LEG LEFT LEG BILATERAL
*******PLEASE CORRECT YOUR CAST IF NECESSARY!!!!!!!**
 CORRECT CAST TO 90 DEGREES _____
 LEAVE CAST AS IS: _____
 CORRECT ANKLE VARUS/VALGUS: _____
 REMARKS: _____

TRIM LINES
 PLS SEMI SOLID MED/LAT TAB
 ANKLE MOTION: FREE 90 STOP OTHER
 PLANTAR STOPS: ELITE TC2 PLASTIC
 OTHER: _____
 Footplate: FULL FOOT SULCUS PROX TO MTP

ORTHOSIS DESIGN
 UCBL SMO AFO AAFO
 CROW BOOT KAFO PTB

STRAPS
 HOOK & LOOP OR DACRON BACKED
 COLOR: WHITE BLACK
 COPPER RIVETS SPEEDY RIVET SCREWS
 PRE-TIBIAL PAD: ALIPLAST (VELCRO) SLOTTED FELT
 INSTEP STRAP

MATERIALS
 POLYPRO COPOLY PE OTHER
 THICKNESS: 1/8" 5/32" 3/16" 1/4"
 COLOR: NATURAL BLACK
 LINER: UNLINED 1/8" 3/16" 1/4"
 OTHER PADDING (WHERE?): _____

MEASUREMENTS
 KNEE CENTER TO FLOOR: _____
 MEDIAL FINISHED HEIGHT: _____
 LATERAL FINISHED HEIGHT: _____
 AFO HEIGHT: _____
 FULL FOOT LENGTH: _____

ANKLE JOINTS
 TAMARACK OKLAHOMA DORSI-ASSIST
 APPALAC HIAN CAMBER AXIS
 INTEGRATED ANKLE
KNEE JOINTS
 BAIL LOCK DROP LOCK STEP LOCK
 ADJUSTABLE BALL RETAINERS
 OTHER: _____

SPECIAL INSTRUCTIONS [MODIFYING OR FINISHING]: _____

**CASTS WILL BE SAVED FOR 30 DAYS UNLESS OTHERWISE REQUESTED.



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