

NAME OF PATIENT: _____	CONTACT PHONE: _____
PO #: _____ TODAY'S DATE: _____	REQUESTED BY DATE: _____
CLINIC NAME: _____	PRACTITIONER'S NAME: _____
SHIP TO ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
SHIP VIA UPS: GROUND / 3DAY / 2DAYAM / 2ND DAY / NEXT DAY / NDS / NDAM	
	SHIPPER ID: _____

**PLEASE CLEARLY MARK YOUR SELECTIONS**

PLASTIC: COPOLY 1/8" 5/32" 3/16" 1/4" POLYPRO 1/8" 5/32" 3/16" 1/4" COLOR: FLESH / BROWN / BLACK / OTHER: _____
UPRIGHTS: DOUBLE / SINGLE
BAR SIZE: 3/16" X 5/8" 1/4" X 5/8" 3/16" X 3/4" 1/4" X 3/4"
KNEE JOINT: FREE MOTION / DROP LOCK or OTHER TYPE: _____
LEATHER: ELK / RUSSETT ELK COLOR: NATURAL / WHITE / BLACK / SMOKE / BROWN / CREAM / OTHER _____
SHIN: CUFF: HALF / FULL SHELL: ANT / POST LACER: MOLDED / NON-MOLDED MATERIAL: CO POLY / POLY PRO / LAMINATION CLOSURE: VELCRO / LEATHER INTERFACE: _____

PATIENT AGE: ____ M / F HEIGHT: ____ WT: ____  LEFT / RIGHT AFO / KAFO / HKFO / SHOE METAL / HYBRID
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METAL TYPE: ALUMINUM / STEEL / OTHER
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ANKLE-FOOT: STIRRUP: SOLID / SPLIT / ROUND CALIPER / LONG TONGUE ANKLE JOINT: FREE / LMTD ACTN. / DBL ACTN. / DORSI FLEX
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THIGH: BAND: PROXIMAL / DISTAL DISTAL CUFF: HALF / FULL LACER: MOLDED / NON MOLDED WEIGHT BEARING: ISCHIAL RING / POLY PRO QUAD BRIM / LAM / POS SHELL CLOSURES: VELCRO / LEATHER / LACES / OTHER T-STRAP: MEDIAL / LATERAL / PADDED
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HIP-PELVIC: BELT: LEATHER / WEBBING JOINT: FREE / LOCK / C.P. OTHER _____
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SPECIAL INSTRUCTIONS:
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SHOE MODIFICATIONS (ORTHOSIS ONLY): BUILD UP: _____" HEEL _____" SOLE: _____" STEEL SHANK: Y / N WEDGES: MED / LAT HEEL _____" SOLE: _____" MATERIAL: _____
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ADDITIONAL INSTRUCTIONS: _____ _____ _____
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