Plastic Orthotic Order Form

EMAIL TO: ORDERS@GPFINC.COM OR FAX: 727-842-2264

NAME OF PATIENT: _____ *CONTACT PHONE:* _____

PO #: _____ *TODAY'S DATE:* _____ REQUESTED BY DATE: _____

CLINIC NAME: _____ *PRACTIONER'S NAME:* _____

SHIP TO ADDRESS: _____ *CITY:* _____ *STATE:* _____ *ZIP:*

SHIP VIA UPS: GROUND / 3DAY / 2DAYAM / 2ND DAY / NEXT DAY / NDS / NDAM *SHIPPER ID:* _____

PATIENT AGE: _____ M / F HEIGHT: _____ WT: _____

LEFT / RIGHT

ORTHO TYPE: APO / SMO / UCBL / FLOOR REACTION

ACTIVITY LEVEL: 1 2 3 4

PLEASE CLEARLY MARK YOUR SELECTIONS

CASTING/ MOD:

FULL TOE PLATE / SULCUS / PROX TO METS / ANKLE TO 90° / PLANTARFLEX TO_____° / DORSIFLEX TO_____° / VALGUS-VARUS TO NEUTRAL / LEAVE AS CASTED / OTHER _____

AFO/ JOINT:

SOLID TRIM / S.S. TRIM / PLS / 90° PLASTIC STOP / BUTTON STOP / TAMARACK / TAMARACK DORSI / OTHER_____

PLASTIC:

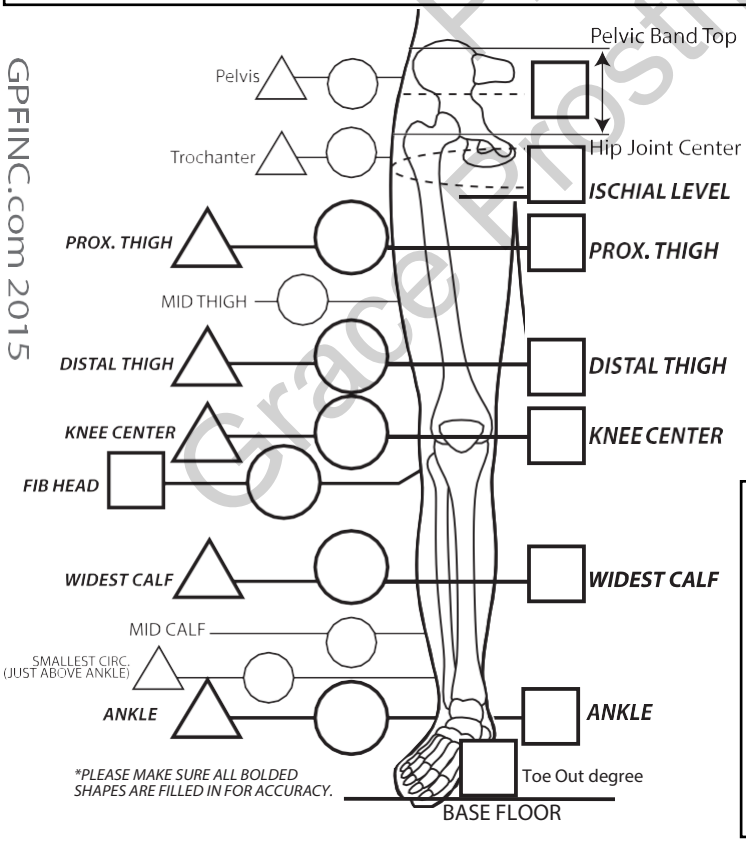
PP POLYPROPYLENE / PE POLYETHYLENE / COPOLYMER / MOD PE

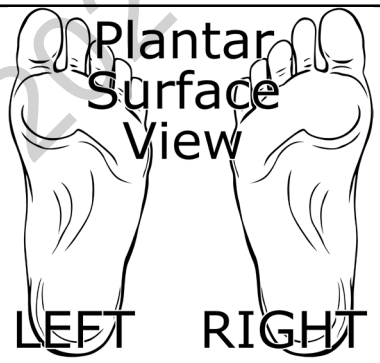
THICKNESS: _____

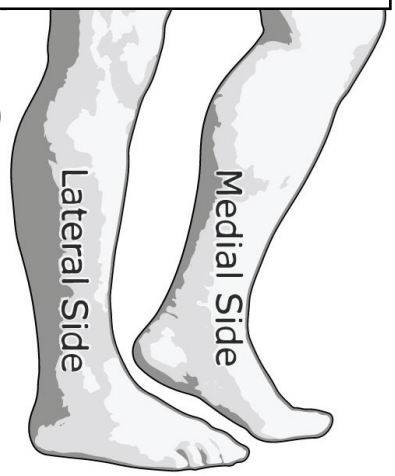
FOAM LINING:

ALIPLAST / APLATIZOTE / P-CELL / OTHER _____

THICKNESS: _____







ADDITIONAL INSTRUCTIONS: _____

7928 Rutillio Court, New Port Richey, FL 34653

Revised 01.01.2020

1.800.940.5347
email: accounting@gpfinc.com