



G · R · A · C · E
PROSTHETIC
FABRICATION, INC.
"Dedicated to Excellence"

ORTHOTIC WORK ORDER

DATE _____ DATE NEEDED BY _____

COMPANY NAME _____ PO # _____

SHIP TO ADDRESS _____

CITY _____ ST _____ ZIP _____

CONTACT _____ PHONE _____ FAX _____

PATIENT NAME _____ HEIGHT _____ WEIGHT _____

AGE _____ SIDE EFFECTED: RIGHT/LEFT _____ ACTIVITY LEVEL: 1 2 3 4

SHIP VIA: UPS GROUND UPS 2-DAY UPS 3 DAY UPS NDA UPS NDA SAVER

ORTHOSIS TYPE

- AFO
- SMO
- UCBL
- Floor Reaction
- KO
- KAFO
- FX TIBIAL
- FX KAFO
- OTHER _____

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

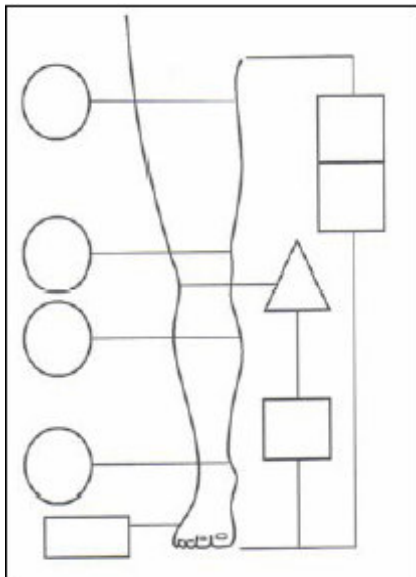
- PP Polypropylene
- PE Polyethylene
- Copolymer
- MOD PE

THICKNESS

- _____
- _____
- _____
- _____

FOAM LINING

- Aliplast
- Plastizote
- P-Cell
- OTHER _____

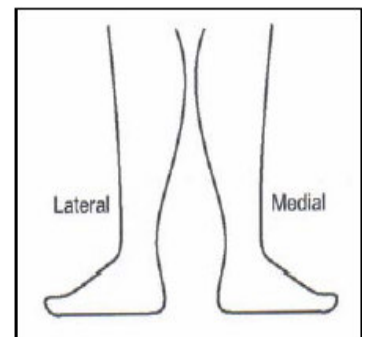
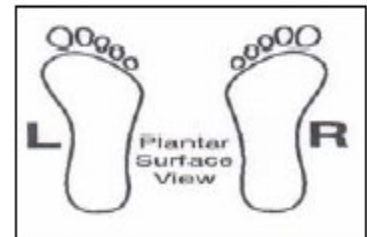


KAFO/Joint

- Ring Lock
- Bail Lock
- Dial Lock
- Offset Free
- Polycentric Free
- Other _____

Circle

- 3/16 x 5/8
- 1/4 x 5/8
- 3/16 x 3/4
- 1/4 x 3/4
- Alumn
- Stainless



FABRICATION INSTRUCTIONS: