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CASTS MUST BE 1" TALLER THAN FINISHED HEIGHT

SEND TO:

97 MUIR AVE
JACKSON, MN 56143

Patient Name: _____ PO#: _____

Practitioner Name / Phone: _____ Need By Date: _____

LEFT RIGHT BILATERAL Finished Foot Length _____ Alignment DF/PF _____

Forefoot Neutral As Is Hindfoot Neutral As Is

KO KAFO HKAFO RGO
 Single Upright Double Upright Solid
 Med Lat

AFO Options<

- Articulated
- Solid -RIGID
- Semi-Solid
- PLS
- Full Foot
- Sulcus
- Prox Mets
- Club Trim
- k # u
- 7 L h
- ° h ...
- _O _y
- PTB Style
- Transformer
- Other _____
- Flare Top
- 1/2" dip

Articulated Options:

- Free Motion
- Dead Stop
- Sound Dampner

Cf f 'CHQ'Options:

- Duel Stage AFO
- DMC Inner Boot

Transfer Pattern:

Black Plastic

OTHER:

Thigh Options<

- Foam Lined Posterior
- Condular Extension
- Tongue _____
- Anterior Thigh
- Anterior Panel AK
- ___ Lined ___ Unlined
- Flare Top

Pelvic Options<

- Pelvic band
- RGO pelvic

Plastic Options<

- Poly Pro ___ P ___ A
- CoPoly ___ P ___ A
- MPE ___ P ___ A
- 3/32 ___ P ___ A
- 1/8 ___ P ___ A
- 5/32 ___ P ___ A
- 3/16 ___ P ___ A
- Heavy Duty: Laminated thermoplastic

Thickness<

- 3/32 ___ P ___ A
- 1/8 ___ P ___ A
- 5/32 ___ P ___ A
- 3/16 ___ P ___ A

Thickness: 5/32 3/16 ' ...

AFO Strapping Options<

Color: _____ Colors: Black, White, Beige, Red, Blue, Yellow, Orange, Dark Green, Light/Neon Green, Pink, Hot Pink, Purple

Forefoot Ankle Calf:
___ Medial ___ Medial ___ Medial
___ Lateral ___ Lateral ___ Lateral

OTHER: _____

TGS WKT GF 'O GCUWT GO GP VU<

Waist to Trochanter: _____
Waist M/L: _____
Waist Circumference: _____
Trochanter Circumference: _____
Trochanter M/L: _____
Trochanter to Knee Center: _____
Knee Center to Floor: _____
Finished Medial Height: _____
(from knee center)

LIST COMPONENT CHOICES - HIP - KNEE - ANKLE,

NOTES: