

PATIENT INFORMATION

Patient: _____
 Age: _____ Sex: _____ Height: _____ Weight: _____
 Diagnosis: _____

ORDER INFORMATION

PO#: _____ Order Type: DCO BCO

Warranty Information

Diagnostic Check Orthosis (DCO) Yes No
 If no, please sign > _____
 I understand the BCO AFO will not be covered by the fit warranty if a DCO is not ordered.
 Signature _____ Date _____


SCAN INFORMATION

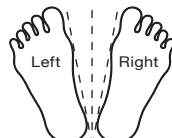
Scan Type:
 Direct Scan of Patient
 Scanned Positive Mold
 Modified Unmodified
 Scanned Outside of Negative Mold
 Mold Thickness _____ mm

DEVICE SELECTION

		
BCO Lite	BCO Shadow	BCO Max
Left Right	Left Right	Left Right

FOREFOOT ALIGNMENT (VARUS/VALGUS)

Select Finished Alignment:

 Valgus _____° Varus _____° **Neutral*** **Neutral*** Varus _____° Valgus _____°

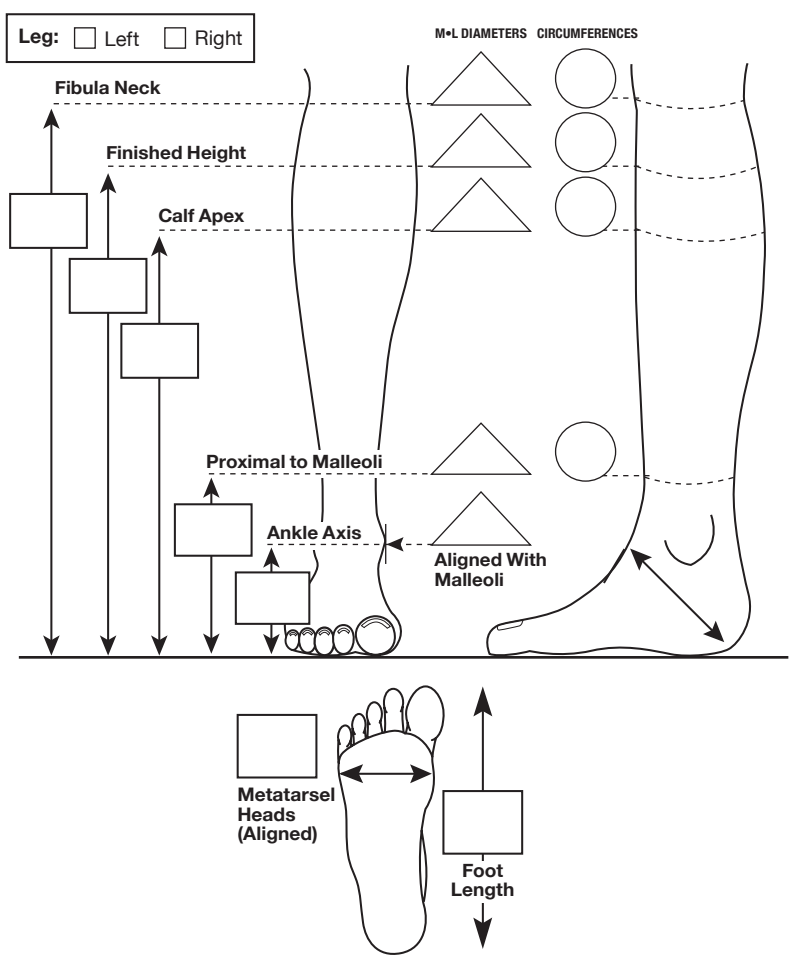
Toe Out:

 Left: _____
 Right: _____

Toe Out Angle:
 (+) Toe Out
 (-) Toe In
 Left: _____
 Right: _____

Ankle Joint Alignment
 Mechanical* Other: _____
 Anatomical

PRACTITIONER SHIPPING INFORMATION

Facility: _____
 Clinician: _____
 Address: _____
 City: _____
 State/Province/Region: _____ Zip: _____
 Country: _____
 Phone (Office): _____ Phone (Cell): _____
 Fax: _____ Email: _____



CAST CORRECTION

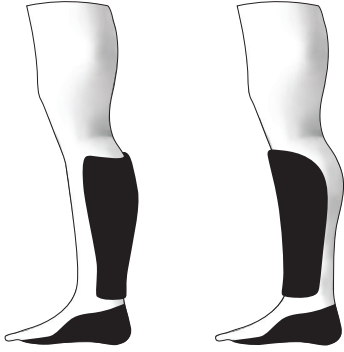
Sagittal Ankle Correction
 Ankle Alignment (dorsiflexion/plantarflexion)
 Do not correct
 Correct to 4° DF*
 Correct to _____° DF PF
 Heel Height _____

Coronal Hindfoot Alignment
 Do not correct
 Correct to vertical*
 Correct to _____°
 Varum Valgum

Note: If you don't choose an option, the *(default) option will be selected for you.
 +AFO From Scan Orthometry Form required when providing scanned model.

SHELL CONFIGURATION

Please check the appropriate box to select finish trimlines



Footplate Length

- Full Foot Length***
- Sulcus Length

Footplate Control

- Full Control***
- Long Medial (Supination Control)
- Long Lateral (Pronation Control)
- Molded Inner Boot

Ankle Control

- Medial Supramalleolar Flare
- Lateral Supramalleolar Flare

Liners / Padding / Inserts

- None***
- Extra Navicular Padding
- Full Footplate
- Plantar Footplate
- Calf Section
- Ankles

Footplate Material

- Polypropylene***
- Composite

Footplate Stabilization

- None***
- Heel
- Forefoot
- Heel Lift Height _____

Straps

- Standard Straps with Pads***

Shells

- None
- Interlocking Polypropylene (custom)
 - Calf
- Telescoping
 - Calf

Telescoping Shell

- Calf Section
- Thigh Section

Tongue

- Calf Section

JOINT SELECTION

Ankle Joints (select one)

- Solid Ankle
- Metal Joints (3025)
 - Standard Action
 - No Motion
 - Stop Motion _____° DF _____° PF
 - Free Motion
 - Dorsiflexion Assist (3225)
 - Double Action (SLM2825)
 - Titanium (Extra Charge)
 - Other (Specify) _____

Bar Material

- Aluminum
- Stainless Steel

SPECIAL INSTRUCTIONS

Large empty box for special instructions.