BECKER
A Tradition of Excellence A Commitment to Innovation

Composite *Order Form*

574 Robbins Dr. Troy, MI 48083 | Phone: 800-521-2192 | Fax: 248-588-4555 | BeckerOrthopedic.com

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 / KAFO will not be covered by the fit warranty if a DCO is not ordered.* _____ *Signature* *Date*

PRACTIONER SHIPPING INFORMATION

Facility: _____

Clinician: _____

Address: _____

City: _____

State/Province/Region: _____ Zip: _____

Country: _____

Phone (Office): _____ Phone (Cell): _____

Fax: _____ Email: _____

DEVICE SELECTION

BCO Lite

☐ KAFO ☐ AFO

☐ Left
☐ Right

BCO Shadow

☐ KAFO ☐ AFO

☐ Left
☐ Right

BCO Max

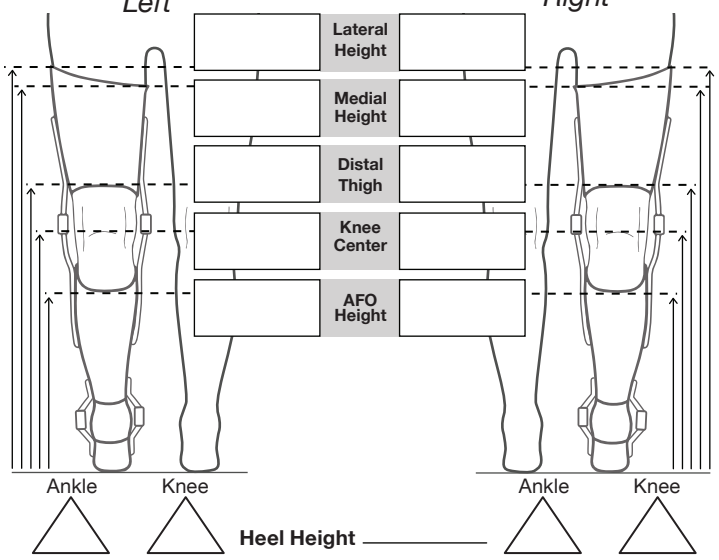
☐ KAFO ☐ AFO

☐ Left
☐ Right

MEASUREMENTS+

Height Measurements

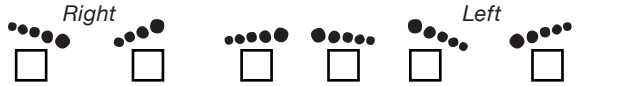
☐ Inches ☐ Centimeters



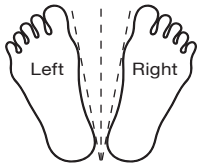
Heel Height _____

FOREFOOT ALIGNMENT (VARUS/VALGUS)

Select Finished Alignment:



Toe Out:



Toe Out Angle:

(+) Toe Out
(–) Toe In

Left: _____

Right: _____

Ankle Joint Alignment

☐ **Mechanical***
☐ Anatomical
☐ Other: _____

CAST CORRECTION

Sagittal Ankle Correction

Ankle Alignment (dorsiflexion/plantarflexion)

☐ Do not correct
☐ **Correct to 4° DF***
☐ Correct to ____° ☐ DF ☐ PF

Coronal Hindfoot Alignment

☐ Do not correct
☐ **Correct to vertical***
☐ Correct to ____°
☐ Varum ☐ Valgum

Sagittal Knee Correction

☐ Do not correct
☐ **Correct to Neutral***
☐ Correct to: ____°
☐ Flexion ☐ Extension

Coronal Knee Correction

☐ **Do not correct***
☐ Correct to Neutral
☐ 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

Knee Control

- ☐ **None***
- ☐ Medial Condylar Extension
- ☐ Lateral Condylar Extension

Liners / Padding / Inserts

- ☐ **None***
- ☐ Extra Navicular Padding
- ☐ Full Footplate
- ☐ Plantar Footplate
- ☐ Calf Section
- ☐ Thigh 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 ☐ Thigh
- ☐ Telescoping
  - ☐ Calf ☐ Thigh

Tongue

- ☐ Calf Section
- ☐ Thigh 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) _____

Knee Joints (select one)

Alignment

- ☐ Posterior Offset

Lock Type

- ☐ Free Motion
- ☐ Ring Lock
  - ☐ Ball Catch
- ☐ Lever Lock
  - ☐ Bail*
  - ☐ BLISS
  - ☐ HD Lever
- ☐ Ratchet Lock
  - ☐ Bail*
  - ☐ BLISS
  - ☐ HD Lever
- ☐ Other (Specify) _____

Bar Material

- ☐ Aluminum
- ☐ Stainless Steel

SPECIAL INSTRUCTIONS