

## PATIENT INFORMATION

Patient: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

## ORDER INFORMATION

Account#: \_\_\_\_\_  
 PO#: \_\_\_\_\_

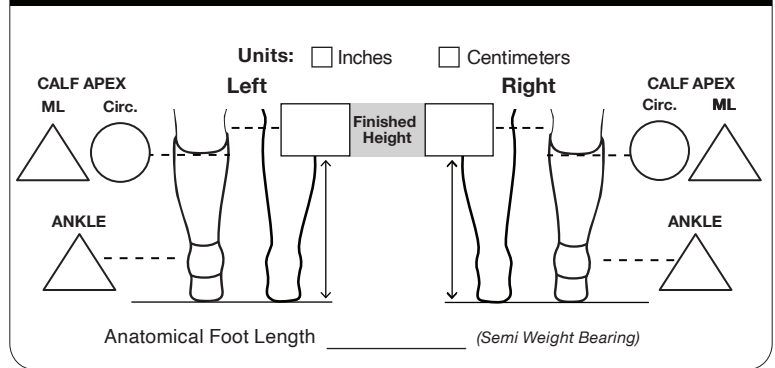
## DEVICE SELECTION

Side:	Left	Right	Bilateral
<b>AFOs</b>		<b>Other</b>	
<input type="checkbox"/> <b>Solid*</b> <input type="checkbox"/> <b>Rigid*</b> <input type="checkbox"/> Semi Rigid <input type="checkbox"/> Posterior Spring (PLS)	<input type="checkbox"/> <b>Hinged</b> (Select component)	<input type="checkbox"/> UCBL  <input type="checkbox"/> SMO	
<input type="checkbox"/> <b>Molded Inner Boot</b>			

## PRACTITIONER SHIPPING INFORMATION

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

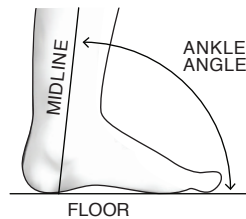
## MEASUREMENTS



## FINISHED ORTHOSIS ALIGNMENT

### Sagittal Ankle Angle



- Do not correct
- Correct to 4° DF\***
- Correct to \_\_\_\_\_° DF PF
- Heel height (Default 0") \_\_\_\_\_" + Specify Lift - Page 2



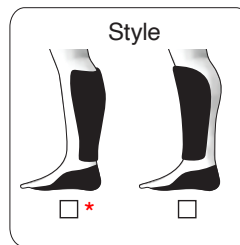
### Coronal Hindfoot

- Do not correct
- Correct to vertical\***
- Correct to \_\_\_\_\_° Varum Valgum

## FOREFOOT ALIGNMENT

Right	Left
 <p>Valgus Varus <b>Neutral*</b></p> <p><input type="checkbox"/> _____° <input type="checkbox"/> _____° <input type="checkbox"/></p>	 <p><b>Neutral*</b> Varus Valgus</p> <p><input type="checkbox"/> <input type="checkbox"/> _____° <input type="checkbox"/> _____°</p>
<input type="checkbox"/> Do not correct	<input type="checkbox"/> Do not correct

## SHELL CONFIGURATION (Extra charges may apply)



### Plastic Color

- White\***  Black
- Transfer \_\_\_\_\_



Scan for Options

### Plastic

- Polypropylene\***
- Copolymer
- Polyethylene
- ProComp

### Thickness

- 1/8  3/16
- 5/32  1/4

### Ankle Stiffener

- None\***
- CompCore
- Rope
- Pelite

### Footplate Length

- Full Foot\***
- Sulcus

### Foot Control

- Full Support\***
- Pronation Control
- Supination Control
- No Control

### Ankle Control (Supramalleolar Flare)

- None\***
- Medial Sabolich
- Lateral Sabolich

**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.  
 +Height of heel accommodated in Finished Device Alignment

(continued)

## SHELL CONFIGURATION (CONT.) (Extra charges may apply)

### Pretibial Shell

- None\* (Strap only)**
- Interlocking (Custom)
- Telescoping (Custom)
- Non-molded PE tongue

### Pads

- None \***
- Ankle (Malleoli) Pad
- Extra Navicular Pad Medial
- Arch Pad
- Metatarsal Pad (Teardrop)
- Tone Reducing Toe Pad

### Shearban® Patches

- None \***
- Arch
- Metatarsel Teardrop
- Toe (Forefoot)

### Footplate Stabilization (Crepe)

#### None \*

- Heel Only
- Forefoot Only
- Full Foot
- Heel Lift Height + \_\_\_\_\_

### Straps

#### **Tibial (Attached)\***

- Instep
- Varus (ERD "Y" Strap )
- Valgus (IRD "Y" Strap )

## COMPONENT SELECTION (Extra charges may apply)

### Thermoplastic Ankle Joints

- Tamarack Neutral
- Tamarack Dorsi Assist -  75  85  95
- Tamarack Variable Assist
- Standard Oklahoma Heavy
- Duty Oklahoma

### Posterior Stops

- Fixed Plastic PF Stop
- Motion Control Limiter for PF Only (Model 755)
- Motion Control Limiter for PF/DF (Model 655)
- Tamarack PF Limiter
  - Medial  Lateral  Both

### Adjustable Ankle Joints

- Tamarack Clevisphere
- Camber Axis
  - Technic (Free Motion)
  - Range of Motion (Keys Included)
- Standard Action (3025)
  - No Motion
  - Free Motion
  - Limit Motion \_\_\_\_\_° DF \_\_\_\_\_° PF
- Dorsiflexion Assist (3225)
- Double Action (Slim Line Modular - SLM-2825)
- Titanium Double Action (Slim Line - TISLO-2825)
- Double Action (2825)

## SPECIAL INSTRUCTIONS

### Performance Ankle Joints

#### MILINE™

- Standard Action**
  - No Motion
  - Free Motion
  - Limit Motion \_\_\_\_\_° DF \_\_\_\_\_° PF

#### Ankle Joint Location

- Medial
- Lateral
- Medial/Lateral

#### MILINE™

- Dorsiflexion Assist**
  - Dorsiflexion Assist Booster

- Medial
- Lateral
- Medial/Lateral

#### MILINE™

- Double Action**  
(with standard action companion joint)
- PF Resist Booster (Posterior Channel)
- DF Resist Booster (Anterior Channel)

- Medial
- Lateral
- Medial/Lateral

### Multi Function Ankle Joints

- Triple Action®**
  - PF Resist Booster (Posterior Channel)
  - DF Resist Booster (Anterior Channel)

- Medial
- Lateral
- Medial/Lateral

\* If only one joint is selected, a free motion companion joint will be added.