

Customer ID: \_\_\_\_\_ Order Date: \_\_\_\_\_ PO#: \_\_\_\_\_

### BILLING INFORMATION

Facility: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### SHIPPING INFORMATION Same as Billing

Facility: HEAD TO FOOT ORTHO. Practitioner: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Address: 39 CENTRE WAY City: CROYDON State: VIC Zip: 3136  
 Phone: 61 3 9870 2284 Fax: \_\_\_\_\_ Email: SALES@HTFO.COM.AU

### SHIPPING INSTRUCTIONS

Next Day Air  2nd Day Air  3rd Day Air  Ground  Local / Hand Delivery

### PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Male  Female Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  LT  RT  BIL  Scan  Cast  
 Diagnosis: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

### FABRICATION INSTRUCTIONS

#### TYPE OF BRACE

- AFO SLEEK (Ultra low-profile)
- AFO (Low profile trim lines)
- AFO (PTB trim lines)
- GRAFO (Rigid anterior swing shell)
- KAFO (Posterior offset knee joints)
- KAFO (Bail lock knee joints)
- KAFO (Drop lock knee joints)
- KAFO (specify knee joint) \_\_\_\_\_
- Partial Foot Prosthesis with carbon filler
- Partial Foot Prosthesis with cloud filler
- Chopart Partial Foot Prosthesis with carbon filler
- Chopart Partial Foot Prosthesis with cloud filler

#### CAST CORRECTIONS

- Leave as casted  Correct to 90 degrees in shoe\*\*
- Correct cast to 2 degrees of Plantar Flexion\*\*

#### POSTERIOR STRUT

- Flexible  Moderate  Firm  Extra Firm

#### TOE PLATE

- Flexible  Moderate  Firm

#### PATIENT'S ACTIVITY LEVEL

- K-1  K-2  K-3  K-4

#### ENCOMPASSING

- 1st Metatarsal  5th Metatarsal

#### KAFO THIGH COMPONENT

- Anterior  Posterior

#### LAB USE ONLY

Intake Date \_\_\_\_\_  
 Tracking Number \_\_\_\_\_  
 Modified Date \_\_\_\_\_  
 Technician \_\_\_\_\_  
 Shipped Date \_\_\_\_\_

#### ANKLE STRAP

- Valgus control  Varus control  No strap

#### INNER BOOT

- Low Profile (Standard)  High Profile

#### ADDITIONS

- Pad Footplate\*\* (Spenco)
- Pad Footplate\*\* (Firm Puff)
- Transfer Pattern\*\* (specify) \_\_\_\_\_

### MEASUREMENT / CASTING INFORMATION

#### SHOE SIZE (Required information)

#### SHOE SENT WITH CAST? (Only required for prosthesis with carbon filler)

- Yes  No

#### SHOE STYLE

#### HEEL HEIGHT

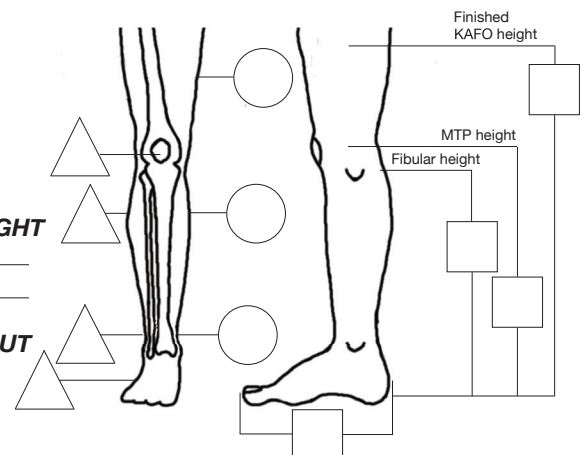
- 3/8"
- 1/2"
- 3/4"
- Other \_\_\_\_\_

#### FINISHED AFO HEIGHT

Lateral Side \_\_\_\_\_  
 Posterior Side \_\_\_\_\_

#### DEGREE OF TOE OUT

\_\_\_\_\_



**WE WILL NOT ACCEPT JOBS WITHOUT PATIENT'S WEIGHT OR HEIGHT ON THE FORM. (\*\*Additional fabrication charge)**