

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

**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 \_\_\_\_\_

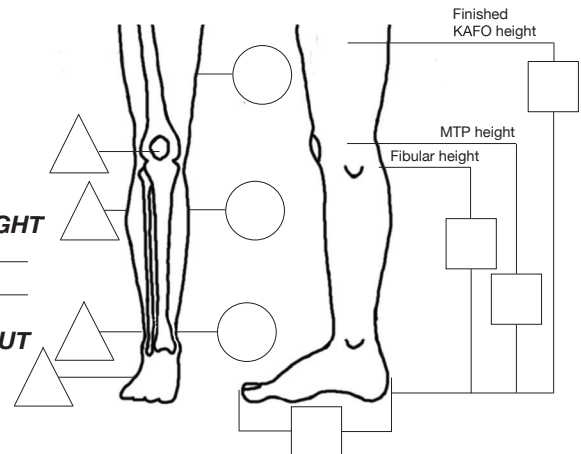
**FINISHED AFO HEIGHT**

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

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

**DEGREE OF TOE OUT**

\_\_\_\_\_



<b>LAB USE ONLY</b>
Intake Date _____
Tracking Number _____
Modified Date _____
Technician _____
Shipped Date _____

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