
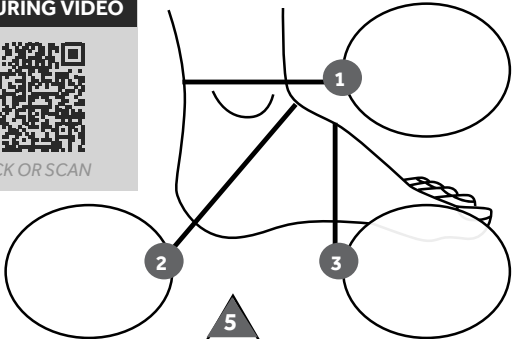
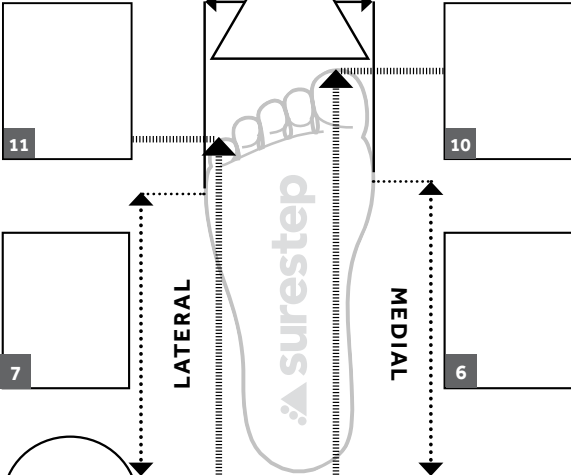
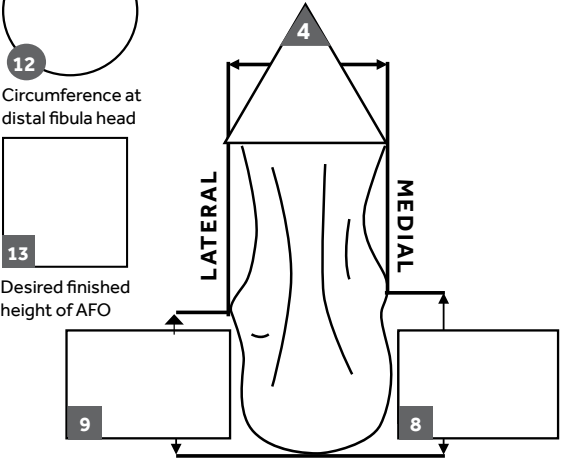




PATIENT	
Patient ID	
Age (in years)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Weight	Height
Dx	
<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	
COMPANY	
Name	
Contact Name	
Phone	Fax
E-mail	
BILLING / SHIPPING	
BILLING	BILL TO: OrtoPed ULC 373 McCaffrey • Saint-Laurent, QC H4T 1Z7
	Shipping address same as billing? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address
	City
SHIPPING	ST/Prov Zip
	PO #
Order confirmation: <input type="checkbox"/> Fax <input type="checkbox"/> E-mail	
SHIPPING OPTIONS	
Need by Date	
<input type="checkbox"/> Ground.....FREE	
<input type="checkbox"/> 24-Hour Rush Fabrication <i>Additional Charges apply separately</i>	
CASTS	
Sending Casts: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Return impressions pre-modifications \$20.00/pr.	
Send casts: 373 McCaffrey Saint-Laurent, QC H4T 1Z7	

MEASUREMENTS	
<input type="radio"/> Circumference <input type="radio"/> Width <input type="radio"/> Distance	
MEASURING VIDEO  CLICK OR SCAN	
	
<p>* If number 5 measurement is 3" or greater, a cast is required.</p>	

DEVICE STYLE																	
<input type="checkbox"/> SMO <input type="checkbox"/> Floor Reaction AFO <input type="checkbox"/> Solid Ankle AFO <input type="checkbox"/> Posterior Leaf AFO	<input type="checkbox"/> Hinged AFO, Custom Fabricated <table border="1"> <tr> <td rowspan="3">HINGE</td> <td><input type="checkbox"/> Surestep Free Motion</td> <td><input type="checkbox"/> Surestep Dual Adjustable</td> </tr> <tr> <td><input type="checkbox"/> Tamarack Free Motion</td> <td><input type="checkbox"/> Tamarack Dorsi Assist</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Gaffney</td> </tr> <tr> <td rowspan="4">STOPS</td> <td><input type="checkbox"/> Other:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Surestop</td> <td><input type="checkbox"/> Snapstop</td> </tr> <tr> <td><input type="checkbox"/> Elite</td> <td><input type="checkbox"/> Plastic</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other:</td> </tr> </table>	HINGE	<input type="checkbox"/> Surestep Free Motion	<input type="checkbox"/> Surestep Dual Adjustable	<input type="checkbox"/> Tamarack Free Motion	<input type="checkbox"/> Tamarack Dorsi Assist	<input type="checkbox"/> Gaffney		STOPS	<input type="checkbox"/> Other:		<input type="checkbox"/> Surestop	<input type="checkbox"/> Snapstop	<input type="checkbox"/> Elite	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other:	
HINGE	<input type="checkbox"/> Surestep Free Motion		<input type="checkbox"/> Surestep Dual Adjustable														
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	<input type="checkbox"/> Elite	<input type="checkbox"/> Plastic															
	<input type="checkbox"/> Other:																
CORRECTION																	
Cast Modifications	<input type="checkbox"/> Neutral/90 <input type="checkbox"/> As casted																
Heel:	Ankle: Forefoot:																
PLASTIC OPTION																	
<input type="checkbox"/> Polypropylene <input type="checkbox"/> Polyethylene <input type="checkbox"/> Copolymer <input type="checkbox"/> Other:																	
Thickness:	Color:																
PATTERN																	
<input type="checkbox"/> Plastic Standard <input type="checkbox"/> Dacron Optional, no charge																	
STRAP COLOR																	
<input type="checkbox"/> Dorsal Pad Standard <input type="checkbox"/> Neoprene Pad Optional, no charge																	
ADDITIONS/MODIFICATIONS (Additional charges may apply, see price list)																	
<input type="checkbox"/> Liner <input type="checkbox"/> Volara (white) <input type="checkbox"/> Puff <input type="checkbox"/> Other: <input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"	<input type="checkbox"/> Molded Inner Boot <input type="checkbox"/> MPE <input type="checkbox"/> Duraflex <input type="checkbox"/> Foam <input type="checkbox"/> 1/16" <input type="checkbox"/> 3/32" <input type="checkbox"/> 1/8"																
<input type="checkbox"/> Dorsum Wing <input type="checkbox"/> Medial <input type="checkbox"/> Lateral	TRIMLINE Height: <input type="checkbox"/> SMO <input type="checkbox"/> Full Boot: <input type="checkbox"/> Short <input type="checkbox"/> Surestep <input type="checkbox"/> Full Length Footplate																
<input type="checkbox"/> Heel Post <input type="checkbox"/> Rigid Plastic <input type="checkbox"/> Crepe	<input type="checkbox"/> Pre-Tibial Shell <input type="checkbox"/> Internal (tuck-in) <input type="checkbox"/> MPE <input type="checkbox"/> Duraflex <input type="checkbox"/> 3/32" <input type="checkbox"/> 1/8"																
<input type="checkbox"/> Carbon Fiber Reinforcement	<input type="checkbox"/> External (overlap) Material same as device Specify thickness:																
<input type="checkbox"/> T-Strap <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Duraflex <input type="checkbox"/> Polyethylene	<input type="checkbox"/> Walking Base (Attached to AFO) <input type="checkbox"/> Open Heel																
<input type="checkbox"/> Condyle Extension <input type="checkbox"/> Medial <input type="checkbox"/> Lateral																	
NOTES																	