



PATIENT

Patient ID _____

Age (in years) _____

☐ Male ☐ Female

Weight _____ Height _____

Dx _____

☐ Right ☐ Left ☐ Bilateral

COMPANY

Name _____

Contact Name _____

Phone _____ Fax _____

E-mail _____

BILLING / SHIPPING

BILL TO:
OrtoPed ULC
373 McCaffrey • Saint-Laurent, QC H4T 1Z7

Shipping address same as billing? ☐ Yes ☐ No

Address _____

City _____

ST/Prov _____ Zip _____

PO # _____

Order confirmation: ☐ Fax ☐ E-mail

SHIPPING OPTIONS

Need by Date _____

☐ Ground.....FREE

☐ 24-Hour Rush Fabrication Additional Charges apply separately

CASTS

Sending Casts: ☐ Yes ☐ No

☐ Return impressions pre-modifications \$20.00/pr.

Send casts: 373 McCaffrey Saint-Laurent, QC H4T 1Z7

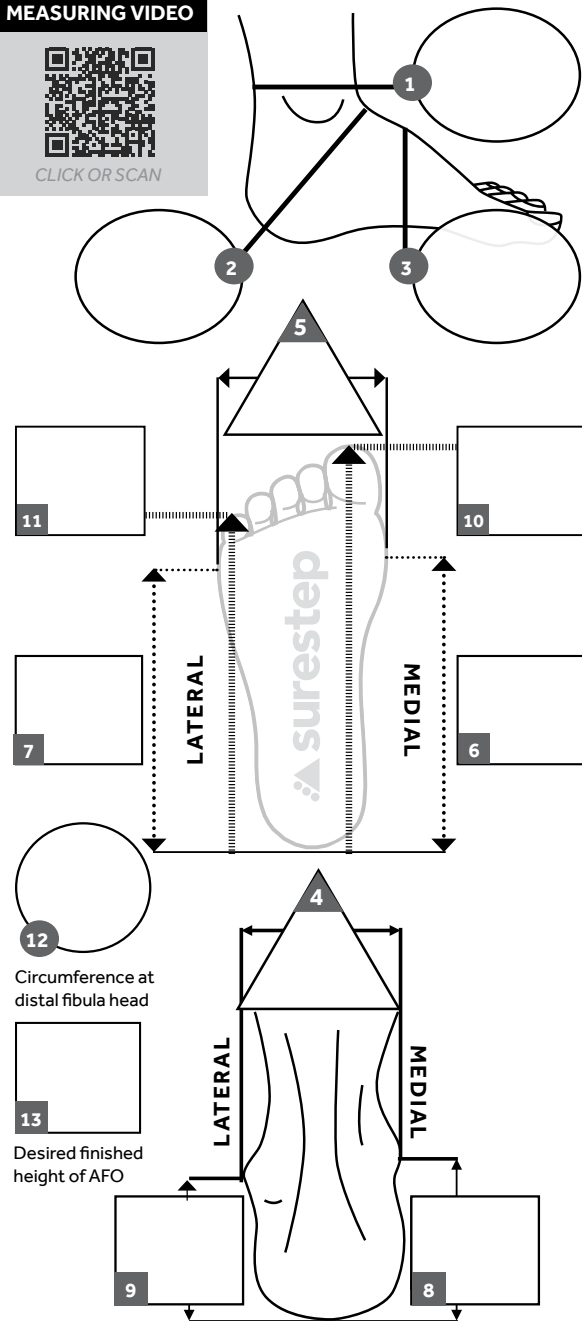
MEASUREMENTS

● Circumference ▲ Width ■ Distance

MEASURING VIDEO



CLICK OR SCAN



* If number 5 measurement is 3" or greater, a cast is required.

DEVICE STYLE

☐ **Hinged AFO, Custom Fabricated**

Device to promote:	<input type="checkbox"/> Flexion	<input type="checkbox"/> Extension
Ankle joint lateral:	<input type="checkbox"/> MultiMotion	<input type="checkbox"/> Ultraflex
	<input type="checkbox"/> Free Motion Joint (includes nighttime stretching strap)	
Ankle joint medial:	<input type="checkbox"/> Free Motion Joint	<input type="checkbox"/> Free Motion Joint (slide)
	<input type="checkbox"/> Tamarack	<input type="checkbox"/> C.O.D.
Dorsum strap placement:	<input type="checkbox"/> Riveted to molded inner boot <i>Standard</i>	
	<input type="checkbox"/> Riveted to AFO Shell	

CORRECTION

Cast Modifications ☐ Neutral/90 ☐ As casted

Heel: _____ Ankle: _____ Forefoot: _____

PLASTIC OPTION

☐ Polypropylene ☐ Polyethylene ☐ Copolymer ☐ Other:

Thickness: _____ Color: _____

PATTERN

CHAFE (D-RINGS)

☐ Plastic *Standard* ☐ Dacron *Optional, no charge*

STRAP COLOR

DORSAL PAD

☐ Dorsal Pad *Standard* ☐ Neoprene Pad *Optional, no charge*

ADDITIONS/MODIFICATIONS (Additional charges may apply, see price list)

<input type="checkbox"/> Liner	<input type="checkbox"/> Molded Inner Boot
<input type="checkbox"/> Volara (white) <input type="checkbox"/> Puff	<input type="checkbox"/> MPE <input type="checkbox"/> Duraflex <input type="checkbox"/> Foam
<input type="checkbox"/> Other:	<input type="checkbox"/> 1/16" <input type="checkbox"/> 3/32" <input type="checkbox"/> 1/8"
<input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"	TRIM LINE Height: <input type="checkbox"/> SMO <input type="checkbox"/> Full
<input type="checkbox"/> Dorsum Wing	Boot: <input type="checkbox"/> Short <input type="checkbox"/> Surestep
<input type="checkbox"/> Medial <input type="checkbox"/> Lateral	<input type="checkbox"/> Full Length Footplate
<input type="checkbox"/> Heel Post	<input type="checkbox"/> Pre-Tibial Shell
<input type="checkbox"/> Rigid Plastic <input type="checkbox"/> Crepe	<input type="checkbox"/> Internal (tuck-in)
<input type="checkbox"/> T-Strap	<input type="checkbox"/> MPE <input type="checkbox"/> Duraflex
<input type="checkbox"/> Medial <input type="checkbox"/> Lateral	<input type="checkbox"/> 3/32" <input type="checkbox"/> 1/8"
<input type="checkbox"/> Duraflex <input type="checkbox"/> Polyethylene	<input type="checkbox"/> External (overlap)
<input type="checkbox"/> Walking Base (Attached to AFO)	<i>Material same as device</i>
	Specify thickness: _____

NOTES