

Print Your Account Information Below

ACCOUNT INFO

Acct # _____
 Name _____
 Address _____
 Phone/Fax _____

Date: ___ / ___ / ___
 PO#: _____

LAB USE ONLY PPD BF
 L _____ R _____ ONLY _____
 OE _____

PATIENT INFO

Please Print (all patient info is required)

First Name: _____ Last Name: _____ D.O.B.: ___/___/___
 Weight: _____ M F Shoe Size: _____ Shoe Style: _____
 Width: Narrow Medium Wide Shoes Provided: Yes No

ORDER OPTIONS

(Additional Charges May Apply)

RUSH Order (\$35) Ship Overnight (\$35) Ship to Patient International Shipping

SIGNATURE:

Physician Signature Required for Medicare Claims

STEP ONE / AFO SELECTION

PLATINUM® GRAPHITE

LEFT **UPRIGHTS:** Graphite
 RIGHT **UPRIGHT PADDING:** Full-Length Pads
 PAIR **TOP COVER:** 1/8" Implus



PLATINUM® HEAT-ADJUSTABLE PLASTIC

LEFT **UPRIGHTS:** Copolymer
 RIGHT **UPRIGHT PADDING:** Full-Length Pads
 PAIR **TOP COVER:** 1/8" Implus
 Suggested Base Code L-Code: L1970



PLATINUM® DIABETIC Suggested Base Code L-Code: L1970

LEFT **UPRIGHTS:** Copolymer
 RIGHT **UPRIGHT PADDING:** Plastazote/PPT
 PAIR **TOP COVER:** Plastazote/PPT



PLATINUM® DORSI-ASSIST Suggested Base Code L-Code: L1970

LEFT **UPRIGHTS:** Copolymer
 RIGHT **UPRIGHT PADDING:** Full-Length Pads
 PAIR **TOP COVER:** 1/8" Implus



PLATINUM® BALANCE BRACE

LEFT BLACK **BRACE HEIGHT**
 RIGHT BLUE 6"
 PAIR TAN 9"



FOREFOOT WIDTH (AT MED HEADS): _____

ANKLE JOINT WIDTH (AT WIDEST POINT): _____

LOWER CIRCUMFERENCE (RIGHT ABOVE ANKLE): _____

UPPER CIRCUMFERENCE (3" ABOVE ANKLE): _____

PLATINUM® LEATHER **PLATINUM® PROFILE**

LEFT BLACK **HEIGHT** **HEEL**
 RIGHT TAN 7" SOLID PLASTIC HEEL
 PAIR 9" (from base of the heel to top of collar) OPEN (leather covered no plastic)

FOOTPLATE LENGTH

MET HEADS
 SULCUS

CLOSURE

LACE COMBO
 VELCRO (laced with one velcro strap at top) (L-2330)



SHELL THICKNESS

1/8"
 3/16"

STS CASTING SIZE (All Mid-Length)

SMALL MEDIUM
 LARGE X-LARGE

*(please select a size to receive a free STS sock for your next order.)

STEP TWO / PLATINUM® BUILD-A BRACE

Design Your Own Brace from the options below:

Left
 Right
 Pair

STYLE
 Graphite
 Heat-Adjustable Plastic

MATERIAL
 Implus STD-Available in 1/8" only.
 Neostride
 Plastazote/PPT Combo
 EVA Swirl

PADDING
 "U" & Gel Malleoli Pads
 Full Length Gel Pads
 Plastazote/PPT Combo

POCKET
 As Marked
 Horseshoe Heel Pocket

PIVOT
 Functional Flex STD
 Temporarily Fixed @ 90°
 Permanently Fixed @ 90°*
 Dorsi Assist

LENGTH
 Cover the ends of the toes
 Cover to sulcus
 Cover to end of shell

FOREFOOT WIDTH
 Narrow Normal STD Wide
*Recommended for growth of splaying during weight-bearing

FOREFOOT POSTING *Intrinsic*
 None According to cast STD
 According to measurements:
 _____L Vargus _____R
 _____L Vargus _____R

SULCUS WEDGE *Extrinsic (wedge posting)*
 None According to cast STD
 According to measurements:
 _____L Vargus _____R
 _____L Vargus _____R

REARFOOT POSTING
 Heal Stabilizer Bar STD
 Extrinsic rearfoot posting
 according to measurements:
 _____L Vargus _____Motion
 _____R Vargus _____Motion

*Selection of this modification affects the base code: L1970. We recommend applying the L1940 base code. The L1940 base code has not been reviewed by PDAC for this device.

STEP THREE / ACCESSORIES & SHELL MODIFICATIONS

L R
 2001 ACCOM.
(Marked in forefoot only)
 AMPUTATION FILL
(shoes required)
 1st 2nd 3rd
 4th 5th Transmet
 ARCH FILL (pad)
 Prolite STD Korex
 ARCH RAISE (pad)
 CUBOID PAD
 HEEL CUSHION WITH CENTER POCKET
 HEEL LIFT
 1/4" STD 1/8"
 LATERAL WEDGE
 MEDIAL FLAP
 MET BAR (1-5)
 MET PAD
 #22(S) #40(M)
 #351(Lg)
 BEVEL TO 1/8" THICKNESS
 1ST RAY CUTOUT
 DEEP HEEL CUP
 35mm STD 10mm
 INTRINSIC ACCOM.
(for bony prominence)

L R
 LATERAL CLIP
 Standard High
Extended to the 5th met. UCBL style
 MEDIAL KIRBY SKIVE
 2mm 4mm
 PLASTER ARCH FILL
 Minimal STD 2mm 4mm
HIGHER ← → LOWER
 SHAFFER MEDIAL
 Standard Old Style
Recommended for severe pronation/splaying UCBL style
STS
 Please select a size for your FREE STS ankle casting sock.
 SM M L XL

LEATHER AFO ONLY

PLASTAZOTE LINED MET PAD
 #22(S) #40(M)
 #351(Lg)
 HEEL LIFT
 1/4" 1/8"
 INTRINSIC ACCOM.
(for bony prominence)

REARFOOT POSTING
 _____L Vargus Valgus _____R
 _____L Vargus Valgus _____R
 ARCH RAISE PAD (1/8")

