

ACCOUNT INFO

Acct # \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone/Fax \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

PO#: \_\_\_\_\_

**LAB USE ONLY**  PPD  BF  
 L \_\_\_\_\_ R \_\_\_\_\_ ONLY \_\_\_\_\_  
 OE \_\_\_\_\_

**PATIENT INFO REQUIRED FIELD**

Please Print (all patient info is required)

**ORDER OPTIONS REQUIRED FIELD**

(Additional Charges May Apply)

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

RUSH Order (\$35)  Ship Overnight (\$35)  Ship to Patient  International Shipping  
(Additional \$3 Shipping Charge - Indicate address in Patient Info)  
**DX:** \_\_\_\_\_

**STEP ONE AFO SELECTION**

**PLATINUM® GRAPHITE**

- LEFT **UPRIGHTS:** Graphite
- 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"



**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



FOREFOOT WIDTH (AT MED HEADS): \_\_\_\_\_

ANKLE JOINT WIDTH (AT WIDEST POINT): \_\_\_\_\_

LOWER CIRCUMFERENCE (RIGHT ABOVE ANKLE): \_\_\_\_\_

UPPER CIRCUMFERENCE (3" ABOVE ANKLE): \_\_\_\_\_

**PLATINUM® DIABETIC** Suggested Base Code L-Code: L1970

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



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



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

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



**SHELL THICKNESS**

- 1/8"  SMALL  MEDIUM
- 3/16"  LARGE  X-LARGE



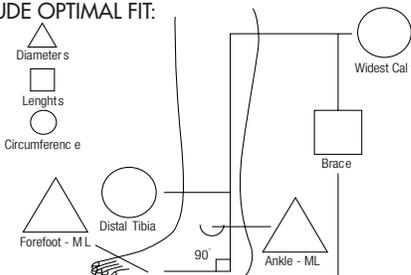
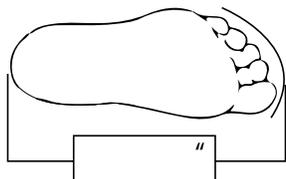
\*(please select a size to receive a free STS sock for your next order.)

**STEP TWO PLATINUM® BUILD-A BRACE**

Design Your Own Brace from the options below:

**MEASUREMENTS - PLEASE INCLUDE OPTIMAL FIT:**

Indicate Location for Ulcer Reliefs



**CLOSURE**

- Laces + 1 Velcro Strap
- Laces
- Velcro
- Boot Hooks

**MODIFICATION OPTIONS**

- Navicular Relief Right
- Styloid 5th Met Relief
- Other

**ADDITIONAL OPTIONS**

- (will incur additional charge)
- Leather covered Toe Filler
  - Synthetic Covered Toe Filler
  - Add Extra Navicular Pad

**IF ARTICULATING**

- Regular Tamarack
- Dorsi Assist Tamarack
- Other
- Plantar Stop
- Cut-out Inner Shell from Heel  
(heel will still be covered by leather or synthetic material, except on slim version)

**POST** (Will incur additional charge)

- Hindfoot  Medial  Lateral \_\_\_\_\_"
- Forefoot  Medial  Lateral \_\_\_\_\_"
- Hind & Forefoot  Medial  Lateral \_\_\_\_\_"
- Arch Post

**CAST CORRECTION**

- Ankle Alignment**
- 90°
- \_\_\_°  Dorsiflexion  Plantarflexion
- Do Not Correct
- Hindfoot Subtalar Alignment**
- Neutral
- Do Not Correct
- Forefoot Alignment**
- Neutral
- Do Not Correct
- Other \_\_\_\_\_

**NOTES:**

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