

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 (\$47) 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® 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 (laced with one velcro strap at top) (L-2330)
- VELCRO



SHELL THICKNESS

- 1/8"
- 3/16"

STS CASTING SIZE (All Mid-Length)

- SMALL MEDIUM
- LARGE X-LARGE



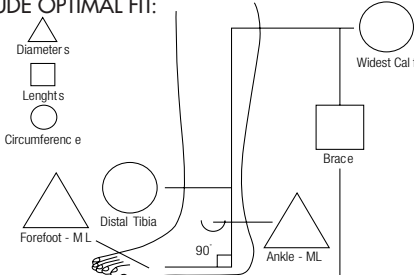
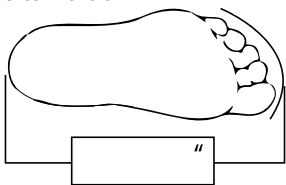
*(please select a size to receive a free STS sock for your next order.)

STEP TWO PLATINUM® BUILD-A BRACE

Design Your Own Brace from the options below:

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:

