

Ship to:



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Orthotic Work Order

Patient Name: _____

Left Right

Practitioner Name _____

Date Measured _____ Date Needed _____

Phone Number _____

PO# _____

Orthosis Type

- UCBL
- SMO
- AFO
- Floor Reaction
- Transformer
- KAFO
- KO
- WHO
- Fracture
- DRAB
- Neuropathetic Walker

Cast Correction

- Forefoot**
 - Leave as Casted
 - Correct Adduction
 - Correct Abduction
 - Correct Supination
 - Correct Pronation
- Ankle**
 - Leave as Casted
 - To 90°
 - To _____° Plantarflex
 - To _____° Dorsiflex
 - Valgus/varus to neutral
- Knee**
 - Leave as casted
 - To _____° Flexion
 - To _____° Extension
 - Valgus/varus to Neutral

Plastic

- PP – 3/32 1/8 5/32 3/16 1/4
- PE – 1/8 3/16
- Copolymer – 1/8 3/16
- Other _____

Ankle Joint Type

- Solid
- Solid (2 stage)
- Semi-Rigid
- PLS
- Multi-Position
- Articulated (select below)
 - Overlap
 - Oklahoma S M L XL
 - Tamarac
 - Tamarac Dorsi 75 85
 - Double Action
 - Rods
 - Springs
- Other _____

Ankle Joint Stops

- 90° Stop (PP or equal)
- 90° Stop (screw post)
- Becker MCL
- TC stop
- Elite posterior adjust
- Elite spring assist
- Button stop

AFO Joint

- Dorsal Wrap
- Low M/L Trimlines
- Club Trim
- Reverse Club Trim
- Sabolich Trim M L
- Full Toe Plate
- Trimline Prox. to Mets.
- Sulcus Trimline
- Roll Proximal Trimline
- As Drawn Below

AFO Add Ons

- TEC Spots (as drawn)
- TEC Sheet (as drawn)
- Forefoot Post M L
- Hindfoot Post M L
- Ankle Strap
- Custom Y-Strap M L
- Carbon Inserts
- Custom T-Foam Tongue
- Ant Panel - Foam Lined
- Ant Panel - Non-Lined
- Foam Lining:
 - Aliplast 1/8 3/16
 - Plastazote 1/8 3/16
 - Partial (as Drawn)
- Paper Transfer

KAFO Joint

- Free Motion A B C
- Droplock A B C
- Offset A B C
- Bail A B C
- Multi A B C
- Step Lock
- Other _____

Upright Material

- Aluminium
- Stainless Cteel

Contoured Joint Heads

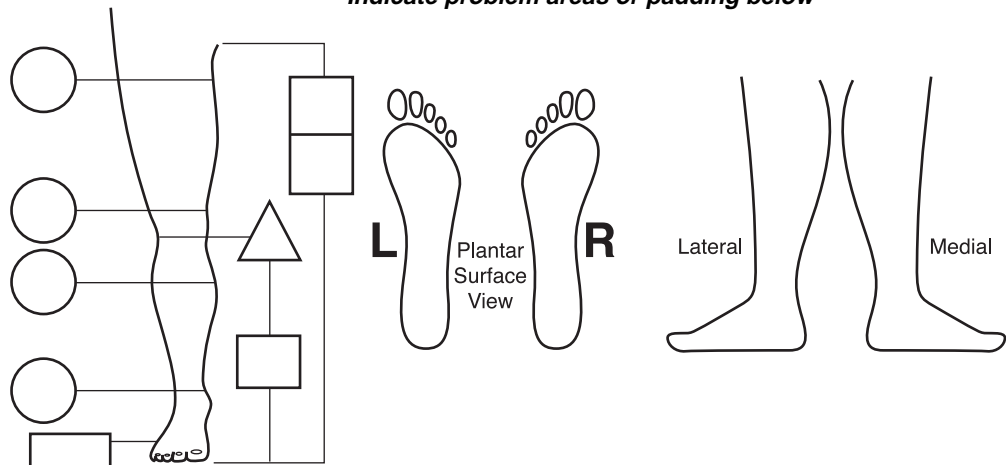
- Medial Contour Lower
- Lateral Contour Lower

KAFO Add Ons

- Spray Coat Joints
- Medial Extension – Calf
- Lateral Extension – Calf
- Medial Extension – Thigh
- Lateral Extension – Thigh
- Roll Proximal Thigh
- Anterior Thigh
- Infrapatella – Strap
- Knee Pad – 4 Buckle
- Knee Pad – 5 Buckle
- Paper Transfer (Specify)

Indicate problem areas or padding below

Other Information:



Met ML: _____
Foot Length: _____