

Ship to:



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Orthotic Work Order

All measurements must be provided

Patient Name: _____

Left Right

Practitioner Name _____

Date Measured _____ Date Needed _____

Actual Date, not ASAP

Phone Number _____

PO# _____

Orthosis Type

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

Cast Correction

- Forefoot**
 - Too Neutral
 - Leave as Casted
 - Correct Adduction
 - Correct Abduction
 - Correct Supination
 - Correct Pronation
- Ankle**
 - Leave as Casted
 - Neutral To _____
 - 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 5/32
- 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 95
 - Double Action
 - Rods Springs
 - Other _____

Ankle Joint Stops

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

AFO Trimlines

- Dorsal Wrap
- Low M/L Trimlines
- Club Trim
- Reverse Club Trim
- Sabolich Trim M L
- Full Toe Plate Length _____
- 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 (Specify) _____

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 Steel
- Flex uprights _____°

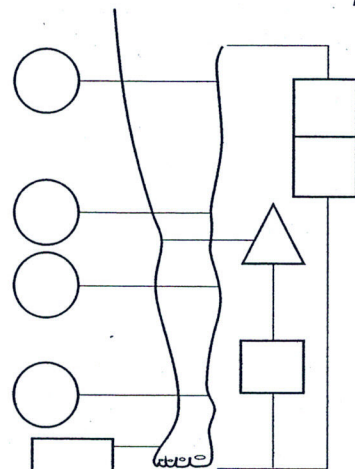
Contoured Joint Heads

- Medial Contour Lower
- Lateral Contour Lower

KAFO Add Ons

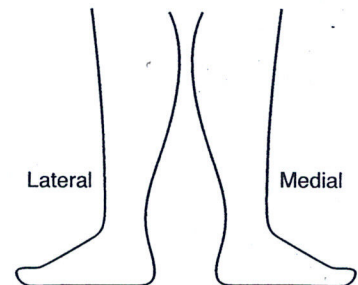
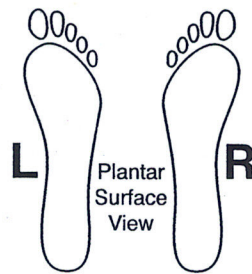
- Medial Extension - Calf
- Lateral Extension - Calf
- Medial Extension - Thigh
- Lateral Extension - Thigh
- Roll Proximal Thigh
- Anterior Thigh
- Infrapatella - Strap
- Knee Pad - 4 Buckle
- Knee Pad - 5 Buckle
- Paper Transfer (Specify) _____

Other Information:



Met ML:
Foot Length: _____

Indicate problem areas, padding below or desired trim lines!



Our Guarantee...
Requires work order, measurements and alignment lines. Accurate and complete data provided by you, shall enhance our mutual goal of "Total" Customer Satisfaction.