



# LOWER EXTREMITY ORDER FORM

Return Ship Date: \_\_\_\_\_  
 Next Day  2nd Day   
 3-Day  Ground   
 UPS  Fed-Ex

Ship to address: \_\_\_\_\_  
 \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ PO# \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ORTHOTIST: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_

PATIENT DISABILITY: \_\_\_\_\_

Left  Right  Bilat

TYPE OF ORTHOSIS: \_\_\_\_\_

MATERIALS \_\_\_\_\_

PLASTIC TYPE LDPE  HDPE  COPOLY  POLYPRO  THICKNESS: \_\_\_\_\_

FOAM LINER: 1/8"  WHERE? \_\_\_\_\_ 1/4"  WHERE? \_\_\_\_\_

ANTERIOR CLOSURES: \_\_\_\_\_

THIN TONGUES (1/16" LDPE): THIGH  TIBIA

SEPARATE SECTIONS: THIGH  TIBIA  Formed with HDPE  LDPE

SEPARATE ANTERIOR SECTION TO BE PULLED: OVER  or UNDER  POST. PLASTIC

KNEE JOINTS: \_\_\_\_\_

|                                    |                                      |   |
|------------------------------------|--------------------------------------|---|
| STEPLOCK <input type="checkbox"/>  | DIAL LOCK <input type="checkbox"/>   | DIAL/BAIL LOCK <input type="checkbox"/> |
| RING LOCK <input type="checkbox"/> | POST.OFFSET <input type="checkbox"/> | FREE MOTION <input type="checkbox"/>    |
| BAIL LOCK <input type="checkbox"/> | INTERLOCK <input type="checkbox"/>   | OTHER: _____                            |

Bar Size: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Lock Retainers: Med.  Lat.

HIP CONTROL: RGO  UNI  BI  TYPE: \_\_\_\_\_ SIZE: \_\_\_\_\_

ANKLE CONTROL: \_\_\_\_\_

### PLASTIC ANKLE

### METAL (UPRIGHTS) ANKLE

Non Articulating Ankle Trim: PLS  SEMI SOLID  SOLID

Motion Control Dorsi Assist  Double Action

Required: Limited Motion  Free Motion

Type Joint: Gaffney  Tamarac  Oklahoma

Springs Only  Pins Only  Both

Appalachian AP-01  AP-02

Attached to Split Stirrup  Solid Stirrup

Motion: Free Motion  Posterior Stop

Brace with: NYUCB Shoe Insert

Integrated Ankle: Dorsi Assist  Double Action   
ADJ.ROM

Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_

Springs Only  Pins Only  Both

Tibial Torsion: Yes  No  Toe Out: \_\_\_\_\_°

Foot Plate Trim: Full

Ankle Position: \_\_\_\_\_° Dorsi  90°  \_\_\_\_\_° Plantar

Heel Height: \_\_\_\_\_

Sulcus  Met. Head

### Metal & Leather Brace Information

#### FULL CIRCUMFERENCE LEATHER:

#### LEATHER INSERT ONLY:

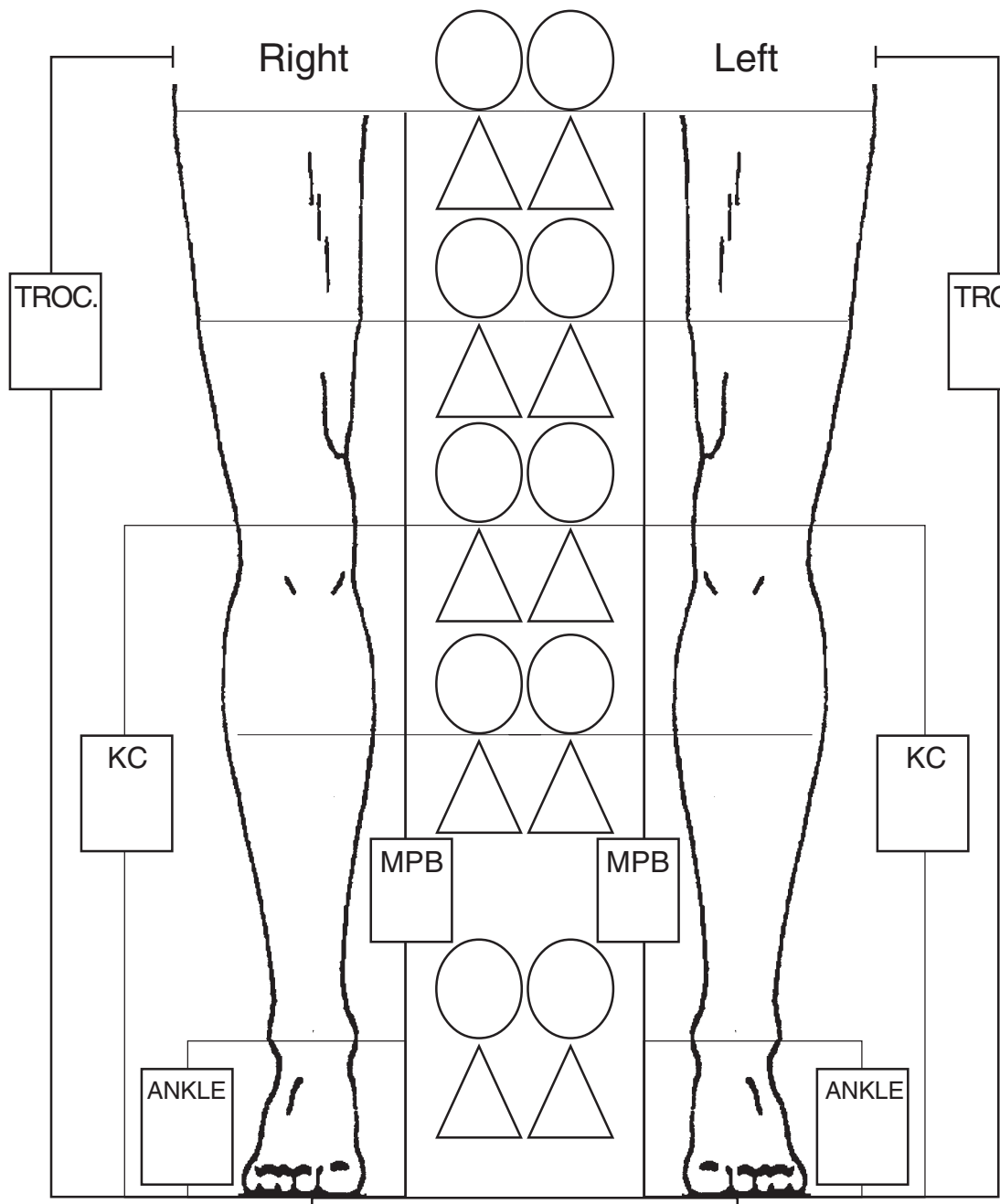
#### LEATHER COLOR: \_\_\_\_\_

|                                      |              |
|--------------------------------------|--------------|
| Prox. Thigh <input type="checkbox"/> | Other: _____ |
| Dist. Thigh <input type="checkbox"/> |              |
| Calf <input type="checkbox"/>        |              |

|                                      |              |
|--------------------------------------|--------------|
| Prox. Thigh <input type="checkbox"/> | Other: _____ |
| Dist. Thigh <input type="checkbox"/> |              |
| Calf <input type="checkbox"/>        |              |

|   |                                  |
|---|----------------------------------|
| Knee Cap Other: 4 Pull <input type="checkbox"/> | 5 Pull <input type="checkbox"/>  |
| "T" Strap: Medial <input type="checkbox"/>      | Lateral <input type="checkbox"/> |

Please write all other detailed information on the back of this form



 **Circum.**

 **Height**

 **M - L**

**MPB = Medial Proximal Border**


**Indicate Approximate Trimlines  
On Above Drawing**

Hip Circ. 

Hip M-L 

Waist Circ. 

Waist M-L 

Height from Troc. to Waist 

**OTHER INFORMATION** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_