



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

Non Articulating Ankle Trim: PLS SEMI SOLID SOLID

Type Joint: Gaffney Tamarac Oklahoma

Appalachian AP-01 AP-02

Motion: Free Motion Posterior Stop

Integrated Ankle: Dorsi Assist Double Action

ADJ.ROM

Springs Only Pins Only Both

METAL (UPRIGHTS) ANKLE

Motion Control: Dorsi Assist Double Action

Required: Limited Motion Free Motion

Springs Only Pins Only Both

Attached to: Split Stirrup Solid Stirrup

Brace with: NYUCB Shoe Insert

Manufacturer: _____ Size: _____

Tibial Torsion: Yes No Toe Out: _____°

Foot Plate Trim: Full

Sulcus Met. Head

Ankle Position:

_____° Dorsi 90° _____° Plantar

Heel Height: _____

Metal & Leather Brace Information

FULL CIRCUMFERENCE LEATHER:

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

LEATHER INSERT ONLY:

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

LEATHER COLOR:

Knee Cap: 4 Pull 5 Pull
 Other: _____
 "T" Strap: Medial Lateral

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

