



# Lower Extremity Orthotics Order Form

Requested Due Date:

Account Name		Practitioner	
Address		Phone	
City		E-mail	
State	Zip	Date	
Patient Name		Weight	
Shoe Size			
Diagnosis		P.O. #	
Activity Type			

Device Type	Left	Right	Bilateral	Other
Solid	PTB	SMO-FO	ART AFO	
Semisolid	UCBL	IRD	Sabolich:	
PLS	SMO	ERD	L	M

Plastic				Transfer:			
Polypro	Natural	1/8"	3/16"	Toe Plate:			
Copoly	Black	5/32"	1/4"	Met	Sulcus	Full	Deep ML

Articulate						
Tamarack	Ped	Med	Lg	Vet	Snap Stop	
BLK	NAT	Other:				
DA 75 - 85 - 95						



**Poron Backfill**

Cuboid Load

ST Bar

Arch

Met pad

Padding	Before Pull	After Pull
3 mm Bocklite	1/8"	35 Dur Blackpuff 1/4 Aiplast
5 mm Bocklite	3/16"	35 Dur Blackpuff 5 mm Petite
1/8" Pink Plazlazate	3/8"	MDUR
Full	Foot Plate and Malleoli	Other:
Malleoli Only	Footplate Only	
M L B		
Tibia: M L		
Longitudinal Arch		

**Topcover (SMOFO)**

1/8 Fabric / Poron      1/8 Duraform      1/8 Fabric / Neosponge

1/16 Fabric / Neosponge

**Add Anterior Shell**

Proflex

LDPE	MLDPE	Copoly	N	B
1/8    1/4	1/8    1/4	1/8    1/4		

Aiplast Pad

**Extrinsic Post**

Medial      Hind      Crepe

Lateral      Plastic      Thickness

Full      Fore Rot



<b>Closure</b>				<b>Strap</b>			
Chaffe	1"	1.5"	2"	Tibia	Ankle	Instep	Toe
	M	L					
White	BLK	Beige					

<b>Model</b>			<b>Notes</b>
Scan	Cast	Plaster	
Modified		Correct	

<b>Additional Notes</b>