



LEATHER ORTHOTIC WORK ORDER

Practitioner: _____ Date Sent: _____ Patient: _____

Weight: _____ L: _____ R: _____ Bilateral: _____ Color: _____ Due Date: _____

Foot Plate Length: _____ Shoe Size: _____ Diagnosis: _____

Cast Correction: _____

Brace Height Above Lateral Malleolus:

_____ 5" _____ 7" _____ 9" _____ Other: _____

Plastic:

Polypro: _____ Copoly: _____ Thickness: _____ 1/8" _____ 5/32" _____ 3/16" _____ 1/4"

Posting:

Lateral: _____ Medial: _____ Forefoot: _____ Fullfoot: _____ Heel: _____ Neutral Heel Lift: _____ Thickness: _____

Please Select One:

Solid Gauntlet: _____ Articulated Gauntlet: _____

Closure:

Special Notes: