

Date _____ Date Needed _____
 Practitioner _____
 P.O. # _____
 Company Name _____
 Bill to: _____
 Ship to: _____
 Ship to: _____
 Phone: _____
 Patient Name: _____

Gender: Male / Female

Orientation: Right / Left / Medial / Lateral / Dual

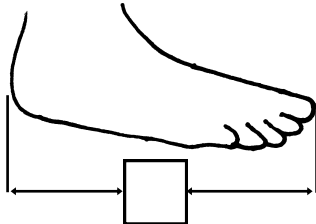
ANTERIOR / POSTERIOR

STLYE: APO / NOP / PLS / MBP / 1951

Height _____ Weight _____
 Diagnosis _____

Options:

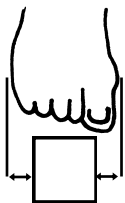
- Ankle Lock System (ALS Valgus-Varus Control Leather)
- Ankle Strap
- Inner Boot
- Full Aliplast Liner
- Closure system with pull strap and chaffe
- Trimmable foot plate
- Full cloth transfer (any cotton cloth material)
- Schwartz Design



Length of Footplate

Shoe Size

Right or Left



Width at Met. Heads

Medial Strut
or
 Lateral Strut

Total Brace Height (Midline Proximal to Floor)

Heel Height (or completely flat heel)

SPECIAL INSTRUCTIONS

- Please indicate finished trim measurements
- Please send tracing of shoe inner sole
- Please indicate calf band design desired or draw out and send in with order

1625 Rock Mountain Blvd. Ste. H-L
 Stone Mountain, GA 30083

800-922-5155 Voice

800-813-8139 Fax

spinalsolution@mindspring.com e-mail

www.oandp.solutions

