

Patient Name: _____
 DX: _____
 Age: _____ Height: _____ Weight: _____
 Left Right Bilateral

Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 ACOR Cust# _____ PO#: _____

CORRECTION, (Desired Finished Brace Alignment):

FINISHED DORSI / PLANTAR ALIGNMENT (Required)
 As Is Neutral Other Dorsi
 Deg. Plantar

FINISHED HINDFOOT ALIGNMENT (Frontal Plane) (Required)
 As Is Neutral Reduce 1/2

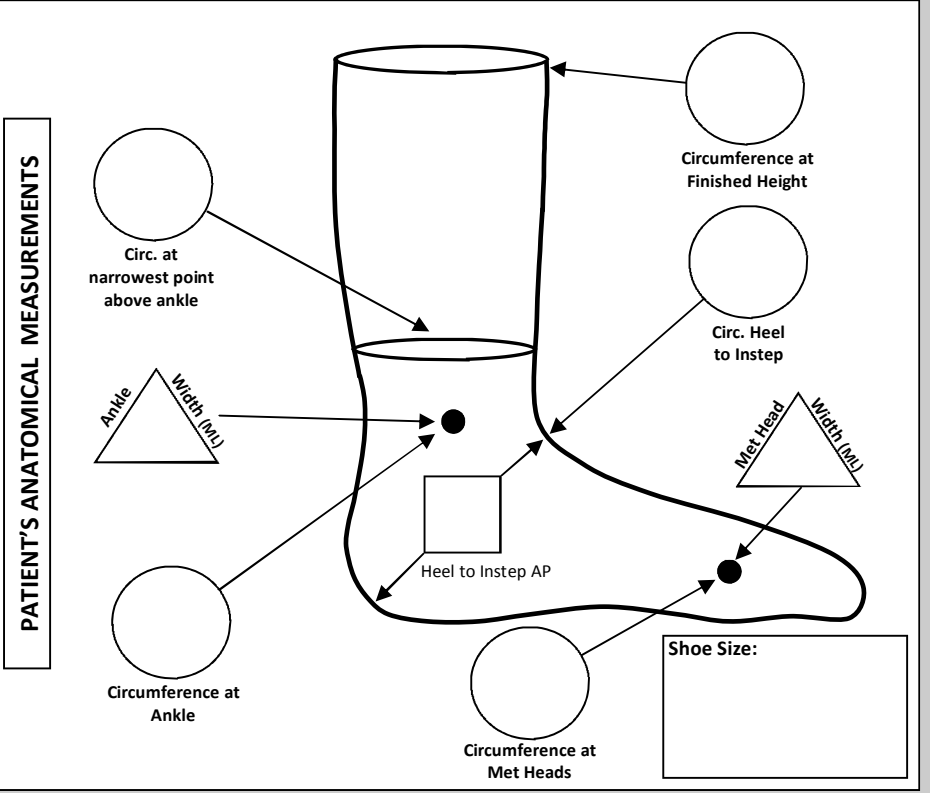
FINISHED FOREFOOT ALIGNMENT (Frontal Plane) (Required)
 As Is Neutral Reduce 1/2

REQUIRED Proximal Trim, (Finished Height):
 8" (Standard)
 Other: _____

REQUIRED Outer Shell Liner
 Lined Outer Shell
 Unlined Outer Shell

REQUIRED Closure System:
 Lacing
 Velcro 2-Strap, (Calf, Instep)

Special Instructions:



V071212

Date: _____

Job Number: _____