

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)

90 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

Proximal Trim, (Finished Height):

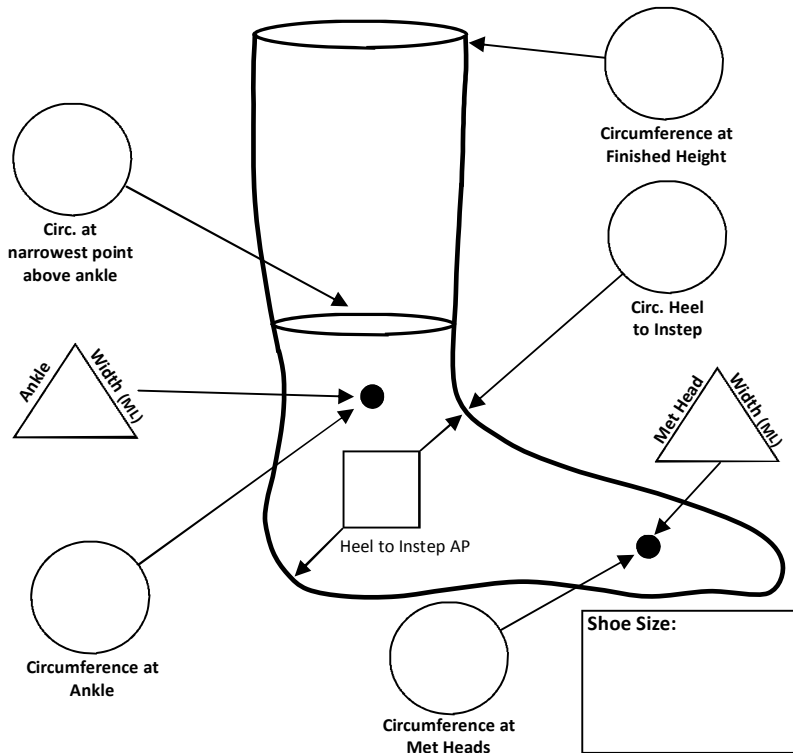
6"
 7" (Standard)
 Other: _____

Closure System:

Lacing
 Velcro 2-Strap, (Calf, Instep)

Special Instructions:

PATIENT'S ANATOMICAL MEASUREMENTS



Shoe Size: _____

V071312

Date: _____

Job Number: _____