

Date	Acor Order #
P.O. #	Cust #

Active AFO Gauntlet

Bill To:
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Shipping:

Standard Ground – Free
 2 Day – Additional Charges Apply
 1 Day – Additional Charges Apply

Ship To:
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____


Closure Options: Please select one:

Lace (CGC-001) Lacing eyelets only
 Velcro® (CGC-004) Velcro® straps only
 Lace/Velcro® (CGC-006) Top Velcro® strap above lacing eyelets
 Navicular Strap (CGC-009) Velcro® with opposing navicular strap


Patient Info:
 Patient Name: _____
 DOB: _____ Sex: M F
 Height: _____ Weight: _____ Shoe Size: _____
 Diagnosis: _____

 Practitioner: _____
 Email Address: _____
 Left Right Bilateral

Color: Please select one:



Black
Fabric



Tan
Fabric

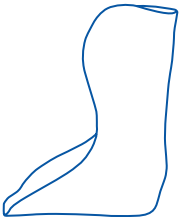
Pricing:

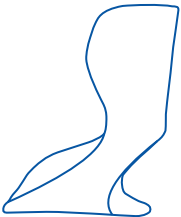
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Additional Charge Items:

Rush Order + \$ 52.50
 Additional Height Above 8" (per inch) + \$ 12.00

Reinforcement Trim Line:

Full Heel

CGM-002

Open Heel

CGM-003

Leaf Heel

CGM-004

Special Instructions: _____

Forefoot

No correction needed
 Correct to neutral

Leg Line

Fixed (Do not correct)
 Flexible (Correct to neutral)

Orthoses (All Acor® Gauntlets are produced with custom orthotics)

1/16" P-Cell® + 1/16" Echoceel® PU
 Other _____

Padding

1/16" Echoceel® PU 1/8" Echoceel® PU

Foot Plate Length

Standard (Behind metatarsal head)
 Sulcus Length
 Full Length

Reinforcement

QuickForm® 1/8" Polypropylene

Height*

8" Standard
 Other _____ (See 'Additional Charge Items' if taller)

***Please cast the patient to approximately one inch (1.0") above desired brace height.**