

Date	Acor Order #
P.O. #	Cust #

Standard EcoTex™ 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:

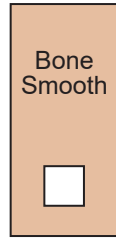
Lace (CGC-001) Lacing eyelets only
 Velcro® (CGC-004)..... Velcro® straps only

Patient Info:
 Patient Name: _____
 DOB: _____ Sex: M F
 Height: _____ Weight: _____ Shoe Size: _____
 Diagnosis: _____
 Practitioner: _____
 Email Address: _____
 Left Right Bilateral


Color: Please select one:



Black
Grain



Bone
Smooth



Brown
Grain

Pricing:

Standard AFO Gauntlet

Additional Charge Items:

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

Forefoot

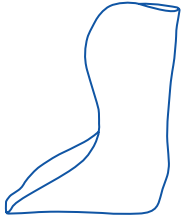
No correction needed
 Correct to neutral

Leg Line


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

Reinforcement Trim Line:

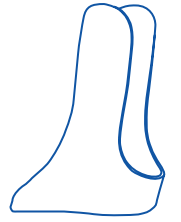
Full Heel Open Heel Leaf Heel



CGM-002



CGM-003



CGM-004

Customizations:

Reinforcement

Rigid Flexible

Height*

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

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

Special Instructions: _____

Would you like Acor's Support Team to contact you regarding this order? Yes No