

Date	Acor Order #
P.O.#	Cust #

Custom Assist Balance Brace

Patient Information:

Patient Name: _____
 DOB: _____ Sex: M F
 Height: _____ Weight: _____ Shoe Size: _____
 Primary Activity for Orthotic Use: _____

 Diagnosis: _____

 Practitioner: _____
 Email Address: _____

Bill To:

Company: _____
 Address: _____
 City: _____ St: _____ Zip: _____
 Phone: _____ Fax: _____

Ship To:

Company: _____
 Address: _____
 City: _____ St: _____ Zip: _____
 Phone: _____ Fax: _____

Shipping:

- ❶ - Cast must be circumferential, either plaster wrap cast, fiberglass tape wrapped cast or STS sock.
- ❷ - Cast must be a minimum of 9" in height for standard brace or higher, depending on height of brace requested.
- ❸ - Medial and lateral malleoli must be marked on cast sent in.

Acor[®] Assist Balance Brace

RIGHT LEFT BILATERAL

Choice of Exterior Material

Fabric Black / Tan / Blue / Pink
(Circle One) Eco-Tex[®]

Choice of Interior Lining

P-Cell[®] Fabric Eco-Tex[®] Lite

Closure Options

Standard Velcro Strap Velcro D-Ring Strap

Reinforcement Options

More Rigid More Flexible

Standard Brace Height is 9" (Add \$11 per inch above 9")

Standard Other: _____

Standard Brace will be 90 degrees to the floor when placed inside the shoe

Standard Correct to: _____
(Please Specify)

Add Rush Charge for \$50.00

Would you like Acor's Customer Service Team to contact you regarding the specifics of this order?

Yes No

