

Date	Acor	Acor Order#	
P.O. #	$\overline{}$	Cust #	

Acor Orthopaedic, LLC 18530 South Miles Road Cleveland, OH 44128 orderentry@acor.com P: 800-237-2267 F: 800-830-8445

rescription Information:   Left  Right  Bilateral	Patient Name:
xis AFO Standard Gauntlet	DOB: Sex: DM DF
Color:  BLACK GRAIN  BONE SMOOTH  BROWN GRAIN	Height: Weight: Shoe Size: _
Trimline:   Full Heel   Open Heel   Leaf Heel	
	Practitioner:
	Email Address:
[CGM-002] [CGM-003] [CGM-004]	Ship To Company:
Closure: Lace (CGC-001)Lacing eyelets only	Address:
☐ Velcro® (CGC-004)Velcro® straps only	City: State: Zip:
xis AFO Assist Balance Brace	Phone: Fax:
Exterior: ☐ Fabric	
Color:  BLACK FABRIC  TAN FABRIC  TAN FABRIC	Bill To  Company:
Interior  Lining:   P-Cell®   Fabric	Address:
Exterior: ☐ Eco-Tex*	City: State: Zip:
Color:  BLACK GRAIN  ■	Phone: Fax:
Interior Lining:   P-Cell*   Eco-Tex* Lite	
Closure: Standard Velcro® Strap	Forefoot:  No correction needed  Correct to neutral Leg Line: Fixed (Do not correct) Flexible (Correct to ne
☐ Velcro® D-Ring Strap	OPTIONS NOT AVAILABLE ON SHORT TRIMLINE AFO GAI
xxis AFO Active Gauntlet	Reinforcement: ☐ Rigid ☐ Flexible
Color:  BLACK FABRIC  TAN FABRIC	Height:    8" Standard (9" for Assist Balance Brace)   Other(See 'Additional Charge Items' if taller)  *Please cast patient to approximately one incabove desired brace height.
Trimline:   Full Heel   Open Heel   Leaf Heel	
	Additional Charge Items  Rush Order Additional Height Above Standard (per inch)  + 9
CGM-002 CGM-003 CGM-004	Shipping
Closure:   Lace (CGC-001)Lacing eyelets only  Velcro* (CGC-004)Velcro* straps only  Lace/Velcro* (CGC-006)Top Velcro* strap above lacin eyelets	<ul> <li>☐ Standard Ground – Free</li> <li>☐ 2 Day – Additional Charges Apply</li> <li>☐ 1 Day – Additional Charges Apply</li> </ul>
☐ Navicular Strap (CGC-009). Velcro® with opposing navicule strap	Special Instructions:

 $\textbf{Closure:} \quad \Box \quad \text{Lace (CGC-001)}.....\text{Lacing eyelets only}$