

Date	Acor Order #
P.O. #	Cust #

Premium 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
 Boot Hooks (CGC-002) Boot hooks at top 3 eyelet locations
 Speed Lacer (CGC-003) D-rings at top 3 eyelet locations
 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 Grain	Bone Smooth	Navy Grain	Purple Grain	Brown Grain	Pink Smooth	White Grain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Codes and Pricing:
 G9210 Premium AFO Gauntlet
Additional Charge Items:
 G9218 Chopart Toe Filler (Please send shoe with cast) + 180.00
 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)

Orthoses (All Acor Gauntlets are produced with custom orthotics)
 1/16" P-Cell® + 1/16" Echocel® PU
 Other _____

Lining
 Engineered Leather 1/16" Bamboolite™

Padding (Engineered leather lining only)
 1/16" Echocel® PU 1/8" Echocel® PU


Foot Plate Length
 Standard (Behind metatarsal head, standard on shorty)
 Sulcus Length
 Full Length

Reinforcement
 QuikForm® 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.**

Reinforcement Trim Line:

Full Heel Open Heel Leaf Heel



Special Instructions: _____

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