



ACOR Orthopedic
18530 S. Miles Parkway
Cleveland, OH 44128
Phone: 800-237-2267 Option 1, Fax: 216-587-9529

PLASTIC ORTHOTICS

Patient Name: _____
 DX: _____
 Age: _____ Height: _____ Weight: _____
 Left Right Bilateral

Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 ACOR Cust# _____ PO#: _____

- Non-Ambulatory Transfers Therapeutic Household Community High Activity

- DEVICE** AFO SMO UCBL FLOOR REACTION AFO CLAMSHELL AFO

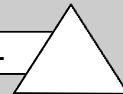
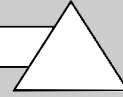

CORRECTION, (Desired Finished Brace Alignment):

FINISHED DORSI / PLANTAR ALIGNMENT
 As Casted 90 Other _____
 Heel Height: _____
 Deg. Dorsi Plantar

FINISHED HINDFOOT ALIGNMENT
 As Casted Neutral Other _____
 Deg. Varus Valgus

FINISHED FOREFOOT ALIGNMENT
 As Casted Neutral Other _____
 Inch. Pronated Supinated

PT. MEASUREMENTS, (Anatomical):

Ankle ML  Heel to Instep AP _____
 Met ML  Finished Height _____
 Circ. at 10"  Mark any other measurements on back

- MODIFICATIONS** Met Pad ST Mod Prox. Flair Straight Prox. Flair with 1/2" Dip Strong Teardrop Heel Contour

ARTICULATION

Tamarack: P M L DO NOT CUT ARTICULATION AT THIS TIME
 Oklahoma: P S M L XL Plantar-flexion Stop: Dead Stop Snap Stop Elite Adjustable DFA Spring Elite Becker 755
 Straight Dorsi-Assist 75 85 95 Free Motion
 Other Joint and/or Stop: _____

Materials

Posterior Materials

<input type="checkbox"/> Polypro <input type="checkbox"/> 3/32"	<input type="checkbox"/> Liner	<input type="checkbox"/> Pads	<input type="checkbox"/> Location
<input type="checkbox"/> Copoly <input type="checkbox"/> 1/8"	<input type="checkbox"/> Volara <input type="checkbox"/> 1/8"	<input type="checkbox"/> Volara <input type="checkbox"/> 1/8"	_____
<input type="checkbox"/> Other <input type="checkbox"/> 5/32"	<input type="checkbox"/> P-Cell <input type="checkbox"/> 3/16"	<input type="checkbox"/> P-Cell <input type="checkbox"/> 3/16"	_____
<input type="checkbox"/> 3/16"	<input type="checkbox"/> 1/4"	<input type="checkbox"/> 1/4"	_____
<input type="checkbox"/> 1/4"	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	_____

Inlay
 Pink 3-Lam
 White 3-Lam
 P-Cell
 Volara
 3/16" 1/4"

Anterior Materials
 Polypro 3/32"
 Copoly 1/8"
 LDPE 5/32"
 MPE 3/16"
 Liner
 Volara P-Cell
 1/8" 3/16" 1/4"

Color: _____ Transfer Paper: _____

TRIM OPTIONS

Solid Ankle Full Foot — Finished Length: _____ Heel Post: M L Entire
 Semi-Solid Ankle Sulcus Met Club Trim Rev Club Trim
 PLS

STRAP OPTIONS

CALF 1.5" Std. White 1" Std. White
 2" Chafe: Med 1.5" Chafe: Med
 Strap Pad Lat Strap Pad Lat

COLOR Bge Pnk
 Blk Pur
 Blu Red
 Grn Yel

ADDITIONAL OR SPECIAL INSTRUCTIONS ON BACK

V071312

Date: _____

Job Number: _____

