

Date	Acor Order #
P.O.#	Cust #

## Acor<sup>®</sup> Active AFO Gauntlet

**Bill To:**  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Shipping:**

1 Day  
 2 Day  
 Standard Ground\*

**ACOR<sup>®</sup> PRIME**  
*\*With Acor Prime Ground Shipping is Included in the Standard Price.*





**Ship To:**  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Closure Options:** *Please select one:*

Lace (CGC-001) . . . . . Lacing eyelets only  
 Velcro<sup>®</sup> (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<sup>®</sup> (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 Fabric		Blue Fabric
	Tan Fabric		Pink Fabric

**Pricing:**

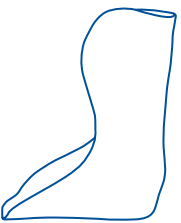
Active AFO Gauntlet \$295.00

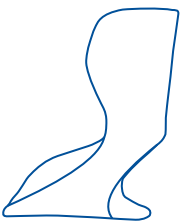
**Additional Charge Items:**


Rush Order +\$ 50.00  
 Additional Height Above 8" (per inch) +\$ 11.00

**Reinforcement Trim Line:**

Full Heel       Open Heel       Leaf Heel

  
CGM-002

  
CGM-003

  
CGM-004

**Special Instructions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Forefoot**

No correction needed  
 Correct to neutral

**Leg Line**

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

**Orthoses** (*All Acor<sup>®</sup> Gauntlets are produced with custom orthotics*)

1/16" P-Cell<sup>®</sup> + 1/16" Poron<sup>®</sup> Urethane  
 Other \_\_\_\_\_

**Lining**

Leather       X-Static<sup>®</sup> with 1/16" NeoSponge<sup>®</sup>

**Reinforcement**

QuikForm<sup>®</sup>       1/8" Polypropylene

**Padding**

1/16" Poron<sup>®</sup>       1/8" Poron<sup>®</sup>

**Foot Plate Length**

Standard (*Behind Metatarsal Head*)  
 Sulcus Length  
 Full Length

**Height\***

8" Standard  
 Other \_\_\_\_\_ (*See Additional Charge Items If Taller*)

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

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