

Date	Acor Order #
P.O.#	Cust #

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

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

**Shipping:**

1 Day  
 2 Day  
 Standard Ground\*



*\*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	Bone	Brown	Dark Navy	Kelly Green	Light Gray	Medium Gray	Oak	Orange
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pink	Purple	Red	Royal Blue	Sand	Sky Blue	Taupe	White	Yellow
<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/> Classic AFO Gauntlet	\$295.00
<b>Additional Charge Items:</b>		
G9230	<input type="checkbox"/> Flexure Articulating Joint	+\$142.00
G9231	<input type="checkbox"/> Dorsi-Assist Articulating Joint	+\$142.00
G9218	<input type="checkbox"/> Chopart Toe Filler <i>(Please send shoe w/ cast)</i>	+\$173.00
	<input type="checkbox"/> Rush Order	+\$ 50.00
	<input type="checkbox"/> Additional Height Above 8" <i>(per inch)</i>	+\$ 11.00

**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

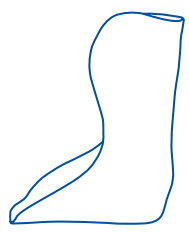
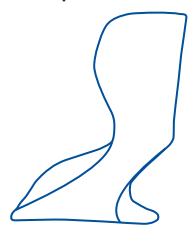
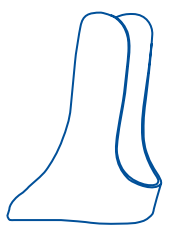
**Height\***

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

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

**Reinforcement Trim Line:**

Full Heel  Open Heel  Leaf Heel

CGM-002      CGM-003      CGM-004

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