



PF block, DF free, AFO trimline

No Casting

Today's Date: _____

Patient		
Patient name:	DOB:	Parent / Guardian name:

1 Sizing

- Pair Left Right

Size: _____

- Wide **Standard** Narrow

2 Outer Shell

- Moderate Flexibility—Polyethylene** (outer shell)
*Recommended for sizes 4.00 – 8.00
(not for larger sizes)*

OUTER SHELL & STRAP COLOR:

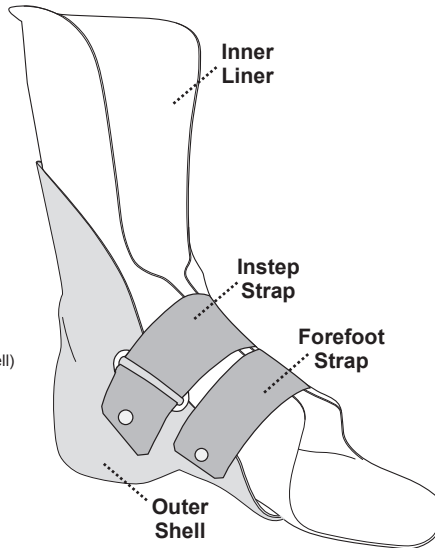
- Blue Pink

-or-

- Firm—Co-poly** (outer shell) *Available in white only
Recommended for sizes 8.25 – 9.00
(available for all sizes)*

STRAP COLOR:

- Blue Pink



3 Inner Liner

- Standard** (height is same as foot length)
 Tall (height is 20% taller than foot length)

4 Straps

- Standard**
Riveted D-Ring (instep)
Riveted Layover (forefoot)

Optional Strapping:

INSTEP

- Layover (no rivets)
 Riveted Layover
 Super Heel Seating

FOREFOOT

- Layover (no rivets)

5 Options

- Toe rise pad Toe rise pad w/ toe abduction strap Instep pad

Payment Options

<input type="checkbox"/> Facility Billing (Practitioner)	Account Name / #:	PO #:	<input type="checkbox"/> C.C. On File
-or-			
<input type="checkbox"/> Insurance Billing (Parent / Guardian / Practitioner)	UCAN N°:		
-or-			
<input type="checkbox"/> Direct Purchase (Parent / Guardian)	<input type="checkbox"/> Check Attached	Credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	Cardholder's phone:
Credit Card N°:	Exact name on card:	Exp. Date:	V-Code:

For current product pricing & shipping costs, please call our Customer Service staff at: 800-848-7332.

Billing

Practitioner Name: _____

Facility: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Shipping

Same as Billing Information

Shipping contact name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____