

Ordered by: _____ Phone # (_____) _____

BILLING: P.O. Number _____ Townsend Account # _____

Bill To: _____

Ship To: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____ Country: _____

State: _____ Zip Code: _____ Country: _____

Phone: (_____) _____ Fax: (_____) _____

Phone: (_____) _____ Fax: (_____) _____

Shipping Preference: Ground 2-Day P.M. 2-Day A.M. Next Day P.M. Next Day A.M.

(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.

Received Date

Thuasne USA's shipping department use only

Clinical Evaluation

Patient's Last Name: _____

Patient's First Name: _____

Male Female Age _____

Weight _____ (LBS) Height _____ (IN)

Leg: Left Right

Shoe Size: _____

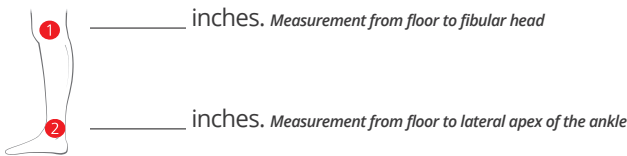
- Patient's shoe shipped with cast (preferred)
- Tracing of shoe insole provided with order form
- Not sending shoe or tracing (toe segment will be made longer and wider, requiring trimming during fitting)

Shoe Height Measurement

(Shoe sole thickness at heel and forefoot)

Heel _____" Forefoot _____"

Provide Height Measurements



Choose Total Height of the Brace

- 12 inches
- 14 inches
- 16 inches
- Other _____"
- 13 inches
- 15 inches
- 17 inches

Activity Level (CHECK ONE)

- Household ambulation, sit to stand and transfers only.
- Active household ambulator, with walker or cane, cares for self.
- Limited community ambulator, walks at slow cadence with walker or cane on level surfaces.
- Active community ambulator, walks with or without cane at varying cadence on level and uneven paved surfaces with curbs and ramps.
- Independent ambulator, variable cadence, uneven surfaces both paved and unpaved.
- Very active ambulator, runs and jumps and may participate in sporting activities.

Biomechanical objectives (CHECK ALL THAT APPLY)

- Control Dorsiflexion Weakness
- Control Ankle Valgus Instability
- Control Plantar Flexion weakness
- Resist Knee Hyperextension in Stance
- Control Ankle Varus Instability
- Resist Knee Flexion in Stance

Other: _____



Optional pre-tib shell (SpryStep® posterior only) Yes No