

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 Sizing**

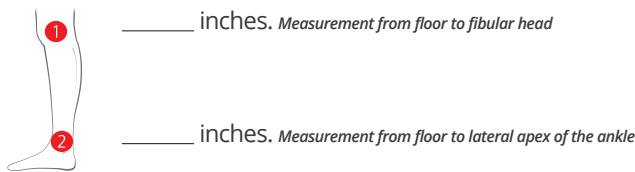
Shoe size \_\_\_\_\_

- Match template traced on form
- Shoe provided to match

**Footwear Description**

Type of footwear client typically wears \_\_\_\_\_

**Provide Height Measurements**



**Choose Total Height of the Brace**

- 12 inches  13 inches  14 inches  15 inches
- 16 inches  17 inches  Other \_\_\_\_\_"

**Footplate Options**

- Flat Footplate
- Contoured Footplate (*increases tri-planar control*)

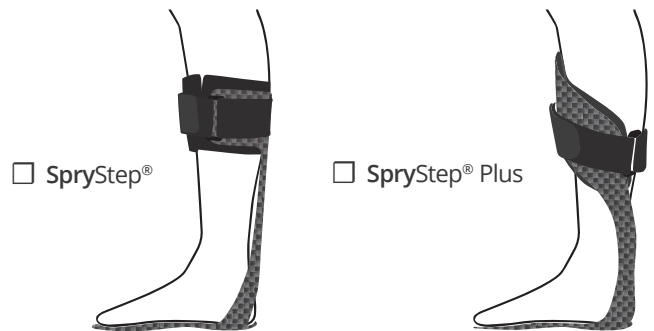
**Activity Level (CHECK ONE)**

- 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 \_\_\_\_\_



SpryStep®

SpryStep® Plus

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

**Thuasne USA**

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