

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

Patient's Last Name: _____

Patient's First Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

Phone: (_____) _____

Email: _____

Male Female

Age _____ Height _____ Weight _____

Leg: Left Right

Patient's Clinical Diagnosis: _____

Activities:

Activities of daily living Non-contact sports

Contact sports

Ankle/Foot Evaluation (Weight Bearing)

Ankle movement is: Flexible or Rigid

Weight bearing ankle position is:

Neutral Inverted Everted

Posting For Inverted/Everted Correction

Use external posts for inverted/everted correction. Indicate posting:

Lat. heel post _____ mm

Med. heel post _____ mm

Lat. forefoot post _____ mm

Med. forefoot post _____ mm

Casted Position

WB Semi WB Non WB

Do not correct casted position

Please correct the following:

Forefoot supination Hindfoot inversion

Forefoot pronation Hindfoot eversion

Plantar flexion to _____°

Dorsi flexion to _____°

Provide M.L. Measurements

A. M-L *at the smallest aspect just above the ankle:* _____"

B. M-L *at the ankle joint:* _____"

C. Distance from lateral ankle to floor _____"

**Indicates additional charges apply*

Choose Standard Joint Model

- PTS — Posterior tibia shell with standard joints
- ATS — Anterior tibia shell with standard joints
- SU/ATS — Single upright, anterior tibia shell with standard joints
- SU/PTS — Single upright, posterior tibia shell with standard joints

Choose Urethane Joint Model

- PTS/TJ — Posterior tibia shell with Proteor Aflex urethane joint
- ATS/TJ — Anterior tibia shell with Proteor Aflex urethane joints
- Standard Proteor joints*
- Dorsi assist Proteor joints*

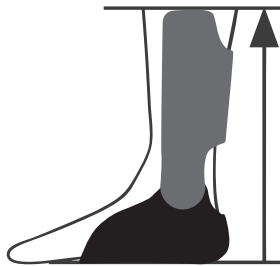
Choose Joint Additions

- Add dorsi assist bands* (*Standard joint model only*)
- Add adj plantar stop* (*Posterior models only*)

Indicate Total Brace Height

NOTE: Posterior shell is routinely trimmed shorter than the sides

- 9" 10" 11"
- 12" 13" Other _____"



Indicate Tibial Shell Material

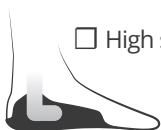
- Copolymer Graphite
- Opaque polypro Black polypro

OR

- Graphite Reinforced Thermo Plastic:*
 - Copolymer Opaque polypro
 - Black polypro

Indicate Foot Plate Material

- Graphite lamination (*Not available in sulcus or toe length*)
- Polypropylene (*Stiff, heat adjustable*)
- Co-polymer (*Softer, more flexible, heat adjustable*)
- Black poly pro (*Good all around and heat adjustable*)



High sides (*UCB Type*)






Low side (*Sole Plate*)

Foot Plate Trim

- Heel cup (*proximal to the base of the 5th metatarsal*)
- Trim proximal to the metatarsal heads
- Trim to toe sulcus
- Trim to toes – Outline of full foot required!!!

Heel Trim

-  Open heel (*graphite footplate only*)
-  Half heel
-  Full heel (*Closed*)

Foot Plate Padding

- Fabricate entire foot plate with no padding
- Line entire foot plate with 1/8 inch padding
- Line entire foot plate with 1/4 inch padding
- Line sides with 1/8 inch; sole with 1/4 inch
- Line sole with 1/8 inch; no padding on sides

Foot Plate Padding Material

- Aliplast 1/8" (*soft-white*) Pelite 1/8" (*medium white*)
- Aliplast 3/16" (*soft-white*) Plastizote 1/8" (*pink*)
- Aliplast 1/8" (*soft black*) Plastizote 1/4" (*pink*)

Finish and Color (*Graphite sections only*)

- Powdercoat Finish (*Lightest, most durable finish*)
 - Black textured Pewter (*silver*)
 - Royal blue Burgundy
- High Gloss Paint Finish
 - Black Royal blue Burgundy
 - Beige Emerald green White
 - Burnt orange Dark violet Steel blue
 - Quicksilver Indy yellow
 - Custom paint finish* - *Indicate custom paint #* _____

Special Instructions: _____

*Indicates additional charges apply