

Contact Information

Clinician Fitter/Assistant/Tech Other: _____
 Name: _____
 Email: _____ Phone: _____

Ordering Clinician

CPO CO CP Other: _____
 Name: _____
 Email: _____ Phone: _____

Billing & Shipping

Billing Account#: _____
 Shipping Account#: _____

PO#:

Shipping Address: _____
 City: _____ State: _____ Zip: _____

Shipping Preference

Ground Next Day AM Next Day PM 2-Day AM 2-Day PM

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

Patient Information

By filling this order form and placing an order for this device, I hereby certify that I am authorized to dispense this medical device in virtue of any national law governing the fitting and adjustment of orthopedic medical devices

Please do not provide any personal information (name etc) regarding the patient, but only provide health information necessary to the fabrication of this medical device

Fit Date: _____ Patient ID: _____

Age _____ Male Female

Weight _____ Lbs. Kg. Height _____ in. cm.

Leg: Left Right

Diagnosis: _____

Shoe Size: _____

- Appropriately scaled 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)

PLEASE PROVIDE MEASUREMENTS

Shoe Height Measurement (Shoe sole thickness at heel and forefoot)

Heel _____ in. cm.

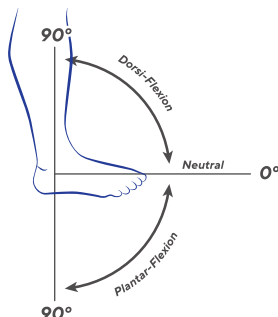
Forefoot _____ in. cm.



Please Follow Step-By-Step Cast Protocol Instructions

Range Of Motion

- a. Knee ROM: _____° extension to _____° flexion
- b. Ankle ROM, with knee extended
 Dorsi-Flexion _____°
 Plantar-Flexion _____°
- c. Plantarflexion contracture
 Yes _____° No

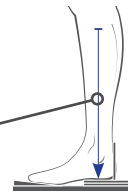


Perpendicular measurement from the casting platform to the Fibula head

Height Measurement

_____ in. cm.

Final brace height will be 1" below this measurement



Heel height of blocks used on the casting platform _____ in. cm.

Cast Info

Cast Adjustments Required (coronal and sagittal plane)

Activity Level (Check one)

- Limited ambulator: sits to stands and transfers
- Household ambulator: level surfaces with walking aids
- Limited community ambulator: level surfaces with walking aids
- Active community ambulator: mild inclines and declines with or without walking aids
- Independent ambulator: varied cadence, uneven surfaces and no walking aids
- Active ambulator: walking, running, some athletic activity

Observational Gait Analysis (Check all that apply)

- Footslap
- Footdrop
- Excessive dorsiflexion in terminal stance
- Crouch in stance
- Knee hyperextension in stance

Biomechanical objectives (Check all that apply)

- Control dorsiflexion weakness
- Control plantar flexion weakness
- Control ankle valgus instability
- Control ankle varus instability
- Control knee hyperextension in stance
- Resist knee flexion in stance

Other: _____

Received Date *Thuasne USA's shipping department use only*

Brace Options

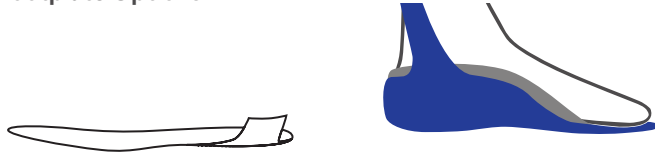
- SpryStep® Flex SpryStep® SpryStep® Plus



Optional pre-tib Shell (SpryStep® & SpryStep® Flex only)

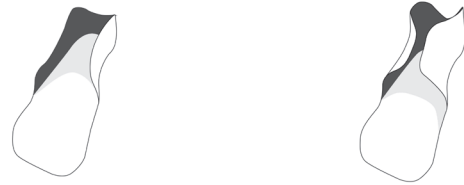
- Yes No

Footplate Options



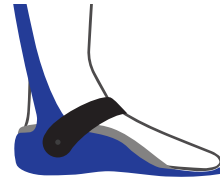
- Contoured footplate (no molded inner boot) Molded arch footplate with molded inner boot (must select one below)

Molded Inner Boot Options (if ordered)



- Molded Inner Boot (Low) Molded Inner Boot (Dorsal wrap)
 Leave inner boot unattached

Strap Option



- Include ankle strap
 Leave ankle strap unattached

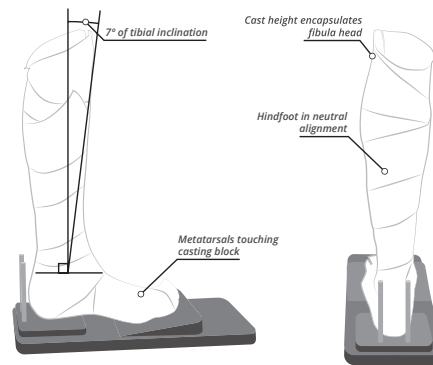
Comments: _____

AFO Cast Parameters

Accurate representation of heel height must be captured in the negative cast (use of Thuasne USA casting platform)

Markings on the cast

- Fibula head
- Tibial tubercle
- Tibial crest
- Medial & lateral malleolus
- Navicular bone
- 1st metatarsal head
- 5th metatarsal head
- Base of 5th metatarsal
- If applicable deformity, tissue or any other area of concern



Product #	Production Description
35700	<i>SpryStep Original, Contoured Footplate</i>
35700-PT	<i>SpryStep Original, Contoured Footplate, Pre-tibial shell</i>
35700-MIB	<i>SpryStep Original, Molded inner boot</i>
35700-PTMIB	<i>SpryStep Original, Molded inner boot, Pre-tibial shell</i>
37810	<i>SpryStep Flex, Contoured Footplate</i>
37810-PT	<i>SpryStep Flex, Contoured Footplate, Pre-tibial shell</i>
37810-MIB	<i>SpryStep Flex, Molded inner boot</i>
37810-PTMIB	<i>SpryStep Flex, Molded inner boot, Pre-tibial shell</i>
37820	<i>SpryStep Plus, Contoured Footplate</i>
37820-MIB	<i>SpryStep Plus, Molded inner boot</i>

Suggested L-Codes*

L1940 / L1945 / L1950	Base code
L2820	Below knee padding
L2280	Molded inner boot
L2755	Carbon graphite construction
L2340	Pre-tibial Shell

*Thuasne USA's suggested uses of Medicare billing codes are developed based on nationally accepted industry standards and billing practices, they do not ensure a specific device will be reimbursed. It is the responsibility of the provider to abide by lawful Medicare billing practices and Thuasne USA is not liable for the denial of reimbursements when it comes to the use of suggested billing codes