



ADMINISTRATIVE DETAILS

Date ___/___/___ Facility _____ PO No. _____

Orthotist E-mail _____ Appointment Date ___/___/___

END USER DETAILS (PLEASE FILL BACK OF FORM)

Client Reference _____ Left Right

End User Relevant Medical History _____

BIOMECHANICAL OBJECTIVES

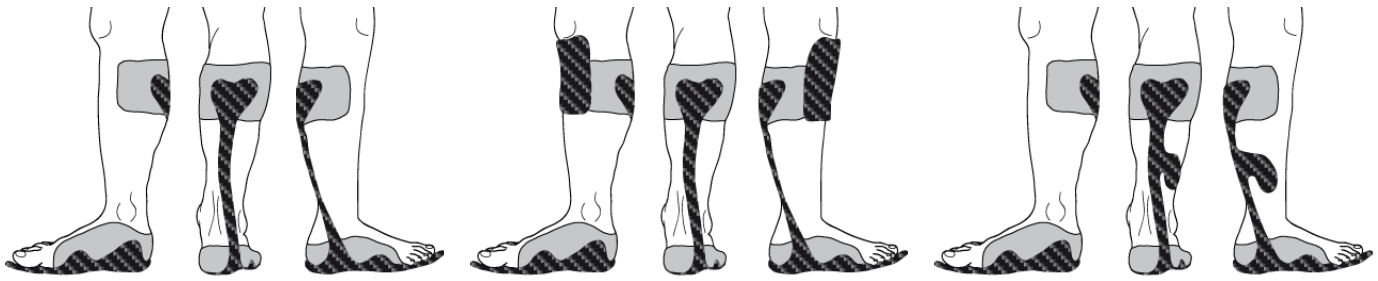
- Control Dorsiflexion Weakness
- Control Plantar Flexion weakness
- Control Ankle Varus Instability
- Control Ankle Valgus Instability
- Resist Knee Hyperextension in Stance
- Resist Knee Flexion in Stance
- Other _____

CAST

- Negative Cast is correct
- Negative Cast imperfect - Describe _____

DEFAULT VECTOR DESIGN

Overwrite to indicate any desired changes from the default designs shown



Default Vector

Anterior Shell Option

Lateral Varus Pad Option

STRAP OPTIONS

- Leather Returning (DEFAULT) Calf Ankle
- Velfoam wrap with crocodile clip Calf Ankle
- BOA Tunnel Strap Calf Ankle
- Other _____
- Include floating pads on straps
- Include a spare set of straps

SHOE SIZING

- Shoe Size _____
- Match Template traced on form
- Shoe provided to match

PITCH MEASURE



Rear foot _____

Forefoot _____

FOOTWEAR DESCRIPTION

Type of footwear client typically wears
