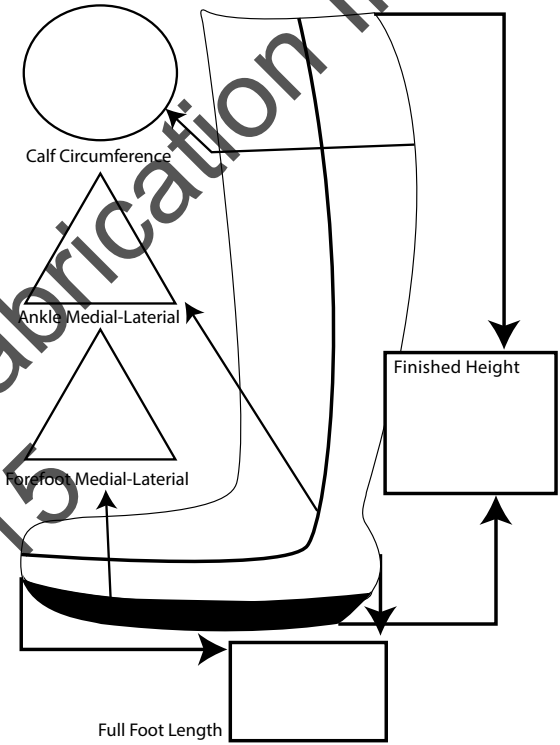


NAME OF PATIENT: _____ CONTACT PHONE: _____
 PO# _____ TODAY'S DATE: _____ REQUESTED BY DATE: _____
 CLINIC NAME: _____ PRACTITIONER'S NAME: _____
 SHIP TO ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 SHIP VIA UPS: GROUND /3DAY/2DAYAM /2ND DAY /NEXT DAY /NDS /NDAM SHIPPER ID: _____

PATIENT AGE: _____ M / F HEIGHT: _____ WT: _____
 LEFT / RIGHT
 ACTIVITY LEVEL: 1 2 3 4

PLEASE CLEARLY MARK YOUR SELECTIONS

Color: Caucasian / Neroid / Other _____
 Color Swatch # _____ Shoe Size: _____
CROW Walker: CROW with Liner / Add PTB Features
Liner: Plnk Plastazote 1/4" / Aliplast 1/8" / Aliplast 3/16"
Cast Corrections: Leave as Casted / Correct to 90 degrees
Insole Material:
 Plnk Plastazote 1/4" / Plnk Plastazote 1/2" / PPT 1/8" /
 Plastazote 1/4" / OTHER _____
Posterior Plastic: Polypro / Copoly Size: 3/16" / 1/4"
 COLOR: _____
Anterior Plastic: Polypro / Copoly Size: 1/8" / 3/16"
 COLOR: _____
Straps: 1 1/2" / 2"



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*** MEASUREMENTS-**

All measurements must be taken. The foot measurements should be taken partially weight bearing with the toes fully extended. Add 1/4" to 3/4" to the plastics full foot measurements for the finished length.



Standard
Heel to Toe Rocker Sole



Severe Angle Rocker Sole



Negative Heel Rocker Sole



Toe Only Rocker Sole

ADDITIONAL INSTRUCTIONS: _____

