



WORK ORDER

REQUEST DATE: _____

MEASURED BY: _____ PRACTITIONER'S TEL: _____

BILL TO: _____ SHIP TO: _____

ADDRESS: _____ ADDRESS: _____

SHIP VIA UPS: GROUND 3 DAY 2ND DAY NEXT DAY OTHER: _____

PATIENT'S NAME: _____

PATIENT'S HEIGHT: _____ WEIGHT: _____ AGE: _____

LEATHER GAUNTLET

LEFT SHOE _____ or RIGHT SHOE _____

CLOSURE: LACE _____ VELCRO _____ COMBO _____

COLOR: NEUTRAL _____ BLACK _____ BROWN: _____ WHITE: _____

NEGATIVE CAST CORRECTION:

AS IS: _____ NEUTRAL: _____

90° LOWBOARD: _____

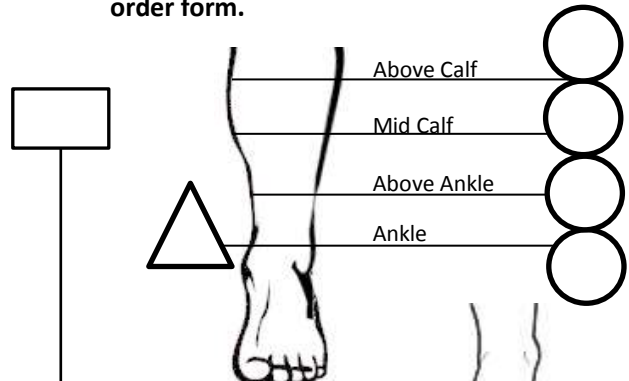
90° TO FLOOR: _____

UNLOADED: _____

OTHER: _____

Please make sure to mark any problem areas or other important information on the cast and the order form.

Finished Height of Brace



INNER PLASTIC TRIM LINES:

HEEL CUT OUT: _____ SOLID: _____

OTHER: _____

REMARKS: _____



From Heel to Finished Trim



Width at Met. Head