G • R • A • C • E
PROSTHETIC
FABRICATION, INC.
"Dedicated to Excellence"

PLASTIC Orthotic Order Form

EMAIL TO: ORDERS@GPFINC.COM OR FAX: 727-842-2264

*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
ORTHO TYPE: AFO / SMO / UCBL / FLOOR REACTION
ACTIVITY LEVEL: 1 2 3 4

PLEASE CLEARLY MARK YOUR SELECTIONS

CASTING/ MOD:
FULL TOE PLATE / SULCUS / PROX TO METS / ANKLE TO 90º / PLANTARFLEX TO _____ º / DORSIFLEX TO _____ º /
VALGUS-VARUS TO NEUTRAL / LEAVE AS CASTED / OTHER _____

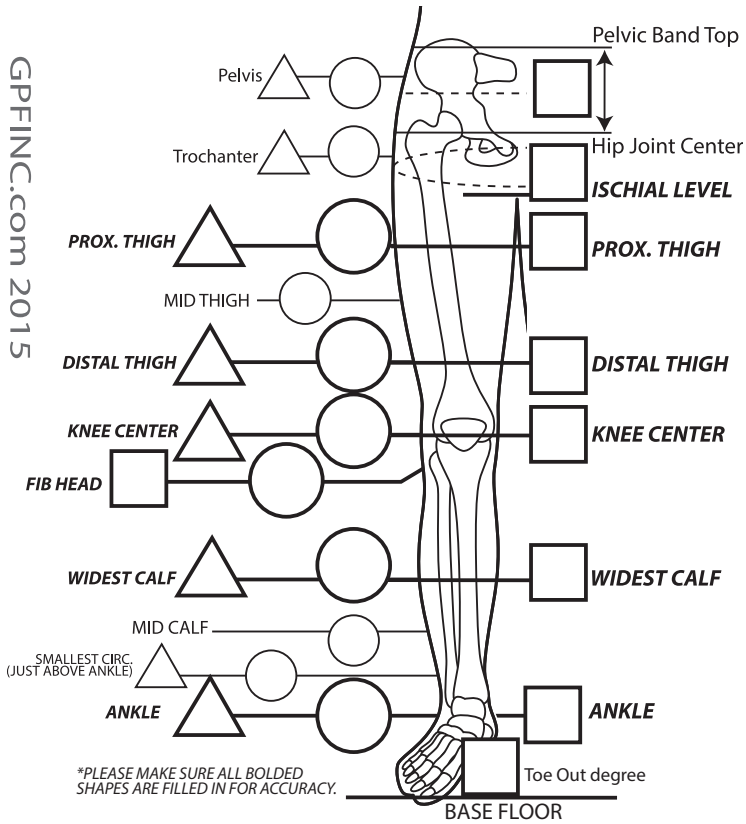
AFO/ JOINT:
SOLID TRIM / S.S. TRIM / PLS / 90º PLASTIC STOP / BUTTON STOP / TAMARACK / TAMARACK DORSI / OTHER_____

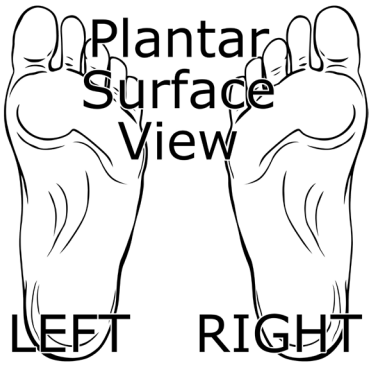
PLASTIC:
PP POLYPROPYLENE / PE POLYETHYLENE / COPOLYMER / MOD PE

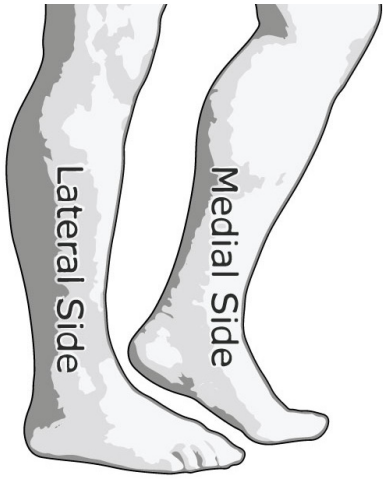
THICKNESS:
_____

FOAM LINING:
ALIPLAST / APLATIZOTE / P-CELL / OTHER _____

THICKNESS:
_____







ADDITIONAL INSTRUCTIONS: _____

KAFO LOWER EXTREMITY FORM