

# LOWER EXTREMITY ORTHOMETRY FORM

CUSTOMER NAME: \_\_\_\_\_

BILL TO / SHIP TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ SEX: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

DATE REQUIRED: \_\_\_\_\_

PO#: \_\_\_\_\_

SHIPPING METHOD: \_\_\_\_\_

RIGHT LEG ☐ LEFT LEG ☐ BILATERAL ☐

\*\*\*\*\*PLEASE CORRECT YOUR CAST IF NECESSARY!!!!!!

CORRECT CAST TO 90 DEGREES \_\_\_\_\_

LEAVE CAST AS IS: \_\_\_\_\_

CORRECT ANKLE VARUS/VALGUS: \_\_\_\_\_

REMARKS: \_\_\_\_\_

**ORTHOSIS DESIGN**

UCBL ☐ SMO ☐ AFO ☐ AAFO ☐

CROW BOOT ☐ KAFO ☐ PTB ☐

**MATERIALS**

POLYPRO ☐ COPOLY ☐ PE ☐ OTHER ☐

THICKNESS: 1/8" ☐ 5/32" ☐ 3/16" ☐ 1/4" ☐

COLOR: NATURAL ☐ BLACK ☐

LINER: UNLINED ☐ 1/8" ☐ 3/16" ☐ 1/4" ☐

OTHER PADDING (WHERE?): \_\_\_\_\_

**ANKLE JOINTS**

TAMARACK ☐ OKLAHOMA ☐ DORSI-ASSIST ☐

APPALACHIAN ☐ CAMBER AXIS ☐

INTEGRATED ANKLE ☐

**KNEE JOINTS**

BAIL LOCK ☐ DROP LOCK ☐ STEP LOCK ☐

ADJUSTABLE ☐ BALL RETAINERS ☐

OTHER: \_\_\_\_\_

**TRIM LINES**

PLS ☐ SEMI ☐ SOLID ☐ MED/LAT TAB ☐

ANKLE MOTION: FREE ☐ 90 STOP ☐ OTHER ☐

PLANTAR STOPS: ELITE ☐ TC2 ☐ PLASTIC ☐

OTHER: \_\_\_\_\_

Footplate: FULL FOOT ☐ SULCUS ☐ PROX TO MTP ☐

**STRAPS**

HOOK & LOOP ☐ OR DACRON BACKED ☐

COLOR: WHITE ☐ BLACK ☐

COPPER RIVETS ☐ SPEEDY RIVET ☐ SCREWS ☐

PRE-TIBIAL PAD: ALIPLAST (VELCRO) ☐ SLOTTED FELT ☐

INSTEP STRAP ☐

**MEASUREMENTS**

KNEE CENTER TO FLOOR: \_\_\_\_\_

MEDIAL FINISHED HEIGHT: \_\_\_\_\_

LATERAL FINISHED HEIGHT: \_\_\_\_\_

AFO HEIGHT: \_\_\_\_\_

FULL FOOT LENGTH: \_\_\_\_\_

**SPECIAL INSTRUCTIONS [MODIFYING OR FINISHING]:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*CASTS WILL BE SAVED FOR 30 DAYS UNLESS OTHERWISE REQUESTED.

PROFESSIONAL TECHNOLOGIES INTL, INC.

95 Ryan Drive, Unit 8  
Raynham, MA 02767

TEL: 508-821-9600 TOLL FREE: 866-819-1157  
FAX: 508-821-9609 TOLL FREE: 866-473-8105