

LOWER EXTREMITY ORTHOMETRY FORM

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	CUSTOMER INFORMATION
CUSTOMER NAME	
BILL TO /SHIP TO	
Address	
Phone	FAX
Contact	

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	РТВ	

MATERIALS

POLYPRO	COPOPLY	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

 APPALAC HIAN
 CAMBER AXIS
 INTEGRATED ANKLE

KNEE JOINTS

BAIL LOCK DROP LOCK STEP LOCK ADJUSTABLE BALL RETAINERS OTHER

PATIENT INFORMATION

PATIENT NAME	
Height	WEIGHT
Age	Sex
DIAGNOSIS	
DATE REQUIRED	
Po #	

SHIPPING METHOD

TRIM LINES

PLS	SEMI	SOLID	MED/LAT TAB		
ANKLE MO	TION	FREE	90 stop	OTHER	
PLANTAR	STOPS	ELITE	тс2	PLASTIC	
OTHER					
FOOTPLAT	E FU	ILL FOOT	SULCUS	PROX TO MTP	

STRAPS

HOOK & LOOP OR		OR DACR	DACRON BACKED	
Color	WHITE	BLACK		
COPPER	RIVETS	SPEEDY RIV	ΈT	SCREWS
PRE-TIBIAL PAD		ALIPLAST (VEL	ALIPLAST (VELCRO)	
		INST	EP STRAP	

MEASUREMENTS

KNEE CENTER TO FLOOR MEDIAL FINISHED HEIGHT LATERAL FINISHED HEIGHT AFO HEIGHT FULL FOOT LENGTH

SPECIAL INSTRUCTIONS MODIFYING OR FINISHING