

LGAFO Order Form

Order Date: _____ Date Needed: _____ PO#: _____

SHIPPING INFORMATION

Facility: _____ Practitioner: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

BILLING INFORMATION

Same as shipping – leave blank

Facility: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

SHIPPING INSTRUCTIONS

Ground 2-day (additional charges) Overnight (additional charges) Local

PATIENT INFORMATION

Name: _____ DOB: _____ Gender: F M Weight: _____ Shoe Size: _____

Diagnosis/Special Instructions:

FABRICATION INSTRUCTIONS

Cast Instruction: Leave cast as is Correct DF/PF 90 to floor Correct DF/PF 90 with 3/8"-1/2" heel lift
 Correct ankle varus/valgus Correct forefoot to neutral Other: _____

Toe Plate: Met Sulcus Full Length* (insole tracing required – additional cost)

Heel Type: Open Heel Solid Heel

Trim Lines: Standard M/L Leaf Posterior Leaf Finish plastic to draw trim lines
 Other: _____

Structure Materials: Poly Pro: 3/32" 1/8" 5/32" 3/16" Spectracarb Lamination

Style: Standard (5"-6" above malleoli Articulated (Type: _____)
 Tall (7"-9" above malleoli Articulated (Type: _____)
 Unloader Leather lower w/ extended exposed plastic upper
 Extended Complete Leather Brace Designate overall height: _____

Finish: Leather: Black Taupe Brown White Cream
 Ultrasuede: Black Sand Brown Grey Cream

Closure: Eyelets Boot Hooks Velco Strap w/ chafe: Total straps _____ Complete Closure?
 Velco Strap w/o chafe: Total straps _____ Complete Closure?
 Velcro forefoot/ankle reverse "Z" strap Other: _____

Options (extra \$): Padded collar Partial toe filler (shoe required with cast) Cover toe filler w/ leather
 Lined tongue Padded and liner tongue
 Additional padding: _____