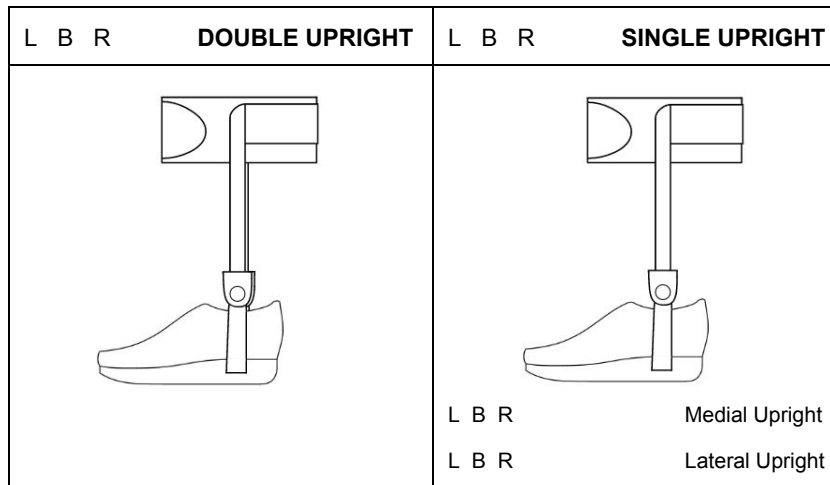


Patient \_\_\_\_\_ PO# \_\_\_\_\_ Diagnosis \_\_\_\_\_  
 Clinic \_\_\_\_\_ Due Date (Rush Fee May Apply) \_\_\_\_\_  
 Clinician \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Phone \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Shoe Size \_\_\_\_\_

<b>PATIENT ID</b>		<small>INTERNAL USE - DO NOT FILL IN PATIENT ID</small>
-------------------	--	---

## Step 1: Device Type



Upright metal will be selected based on patient's weight.

## Step 2: Customizations and Additions

JOINTS	STIRRUP	COLOR	ADDITIONS*
L B R <b>Free Motion</b>	L B R <b>Split Stirrup</b>	<input type="checkbox"/> Best Match to Footwear <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Other _____	L B R <b>Medial T Strap</b> To Correct Subtalar Valgus
L B R <b>Double Action</b>	L B R <b>Solid Stirrup</b> <input type="checkbox"/> Scott Craig Stirrup		L B R <b>Lateral T Strap</b> To Correct Subtalar Varus
L B R <b>Limited Motion</b>			
L B R <b>Dorsiflexion Assist</b>			

\*For Shoe Modifications, use the Shoe Modification Fabrication Sheet.

## Step 3: Order Notes and Special Requests



(P) 210-657-8100

(F) 210-657-8105

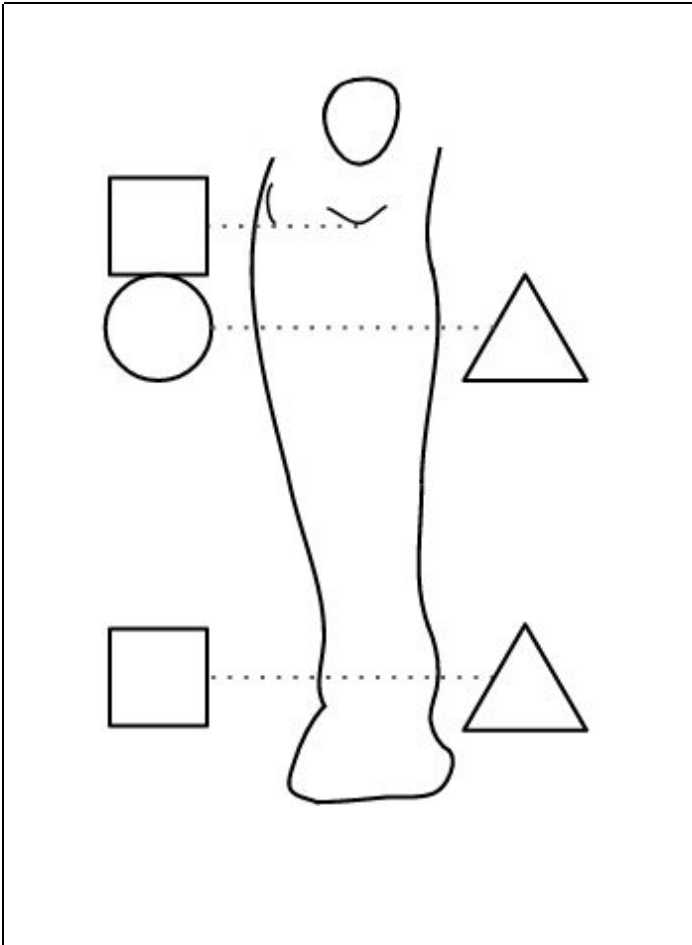
RECEIVED DATE	COMPLETED DATE

www.AODCFAB.com

info@aodcfab.com

## Step 4: Measurements

Measurements are not necessary, but will improve the accuracy of the final product.



## Material Specifications

Call with questions or for other material options.  
Warranty information available at [www.AODCFAB.com](http://www.AODCFAB.com)

### DOUBLE UPRIGHT

- Steel or Aluminum Uprights *based on weight*
- Aluminum Calf Band
- Steel Stirrup
- Elk Leather and Cow Leather Calf Strap

### SINGLE UPRIGHT

- Steel or Aluminum Upright *based on weight*
- Aluminum Calf Band
- Steel Stirrup
- Elk Leather and Cow Leather Calf Strap

INTERNAL USE - DO NOT WRITE BELOW

CUSTOMER COMMUNICATIONS