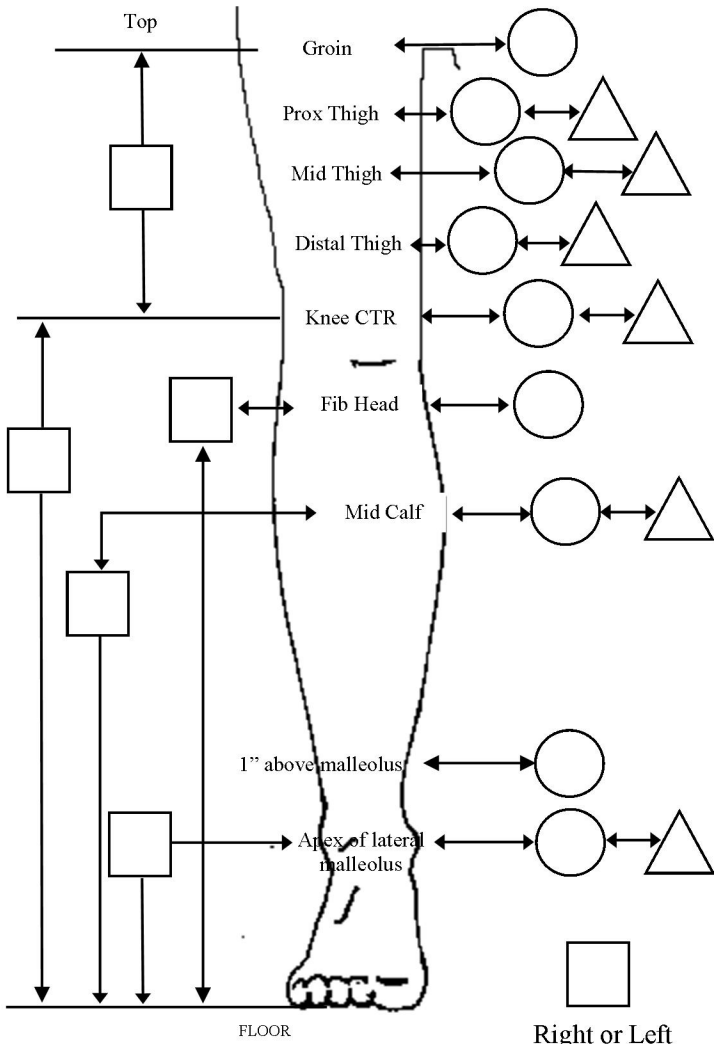


Lower Extremity Orthometry Form



Date _____ Date Needed _____

Practitioner _____

P.O. # _____

Company Name _____

Ship to: _____

Phone: _____

Patient Name: _____

Gender: Male / Female / Right / Left

Height _____ Weight _____

Diagnosis _____

COMPONENTS

Orthotic: AFO KAFO HKAFO OTHER
 Type: Custom to Measure / Cast / Tracing
 Material Type: Metal Plastic
 Plastic: Co-Poly / Poly Pro / LDPE / MDPE

Guage: 1/8 5/32 3/16 Other _____

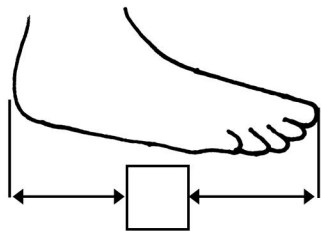
Color: Natural / Other _____

Liner: Yes / No / Guage ___ / Other _____

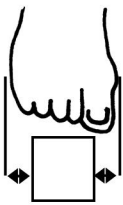
Hip Joint: _____

Knee Joint: _____

Foot Component: _____



Length of Footplate



Width at Met. Heads



800-922-5155 Voice
800-813-8139 Fax

SPECIAL INSTRUCTIONS