ORTHOMER CA SPECTRUM AFO SYSTEM ORDER FORM

6333 North Orange Blossom Trail, Orlando FL 32810 • www.orthomerica.com • phone 877-737-8444 • fax 877-737-8445

PATIENT INFO (PHI)	LAST NAME/ID AGE DIAGNOSIS	HEIGHT	FIRST NAME WEIGHT	SEX	PO# LEFT RIGHT BI-LATERAL REMARKS:
SHIPPING INFORMATION	PRACTITIONER FACILITY SHIP TO ADDRESS CITY	PHONE	FAX	Ground 2 Da Need by: BILL TO ADDRESS CITY	ny Air Overnight Other:
	Black Tan White SYNTHETIC White	SYNTHETIC GAUNTLET LOSURE Laces +1 Velcro St Laces Velcro ** Boot Hooks Speed Laces	IF ARTICULATII	Shorty Gauntlet still available. Shorty Gauntlet still available. Straight* Dorsi* MEASU TRIM Standard A	CAST CORRECTION Ankle Alignment 90° ° Dorsiflexion Plantarflexion Do Not Correct Hindfoot Subtalar Alignment Neutral Do Not Correct Forefoot Alignment Neutral Do Not Correct Other REMENTS (OVER 9"WILL INCUR ADDITIONAL CHARGE)
	Rigid Polypropylen Cut-out Inner (heel will still be cover synthetic material, exceptable) POST (WILL INCUR Hindfoot Med Forefoot Med Hind & Forefoot Arch Post	able ADDITIONAL CHARGE)* e—not heat adjustable Shell from Heel* ed by leather or ept on Slim versions) ADDITIONAL CHARGE) lial Lateral Medial Latera ions will default to those in	Navicular Relief Styloid 5th Met Relie Other	ef S NAL CHARGE) Forefoot - ML Pad	Ankle - ML Brace Height Distal Tibia