

Custom to Cast Lower Extremity Orthometry Form

PATIENT INFORMATION

Patient Name _____
 Male Female DOB: _____
 Height _____ Weight _____
 Specify Side(s) Bilateral Left Right
 Casting Date _____ RX _____

FACILITY INFORMATION

Practitioner _____ PO# _____
 Facility _____
 Address _____
 Phone _____ Date Required _____

ALIGNMENT

MUST BE COMPLETED TO PREVENT DELAY OF ORDER

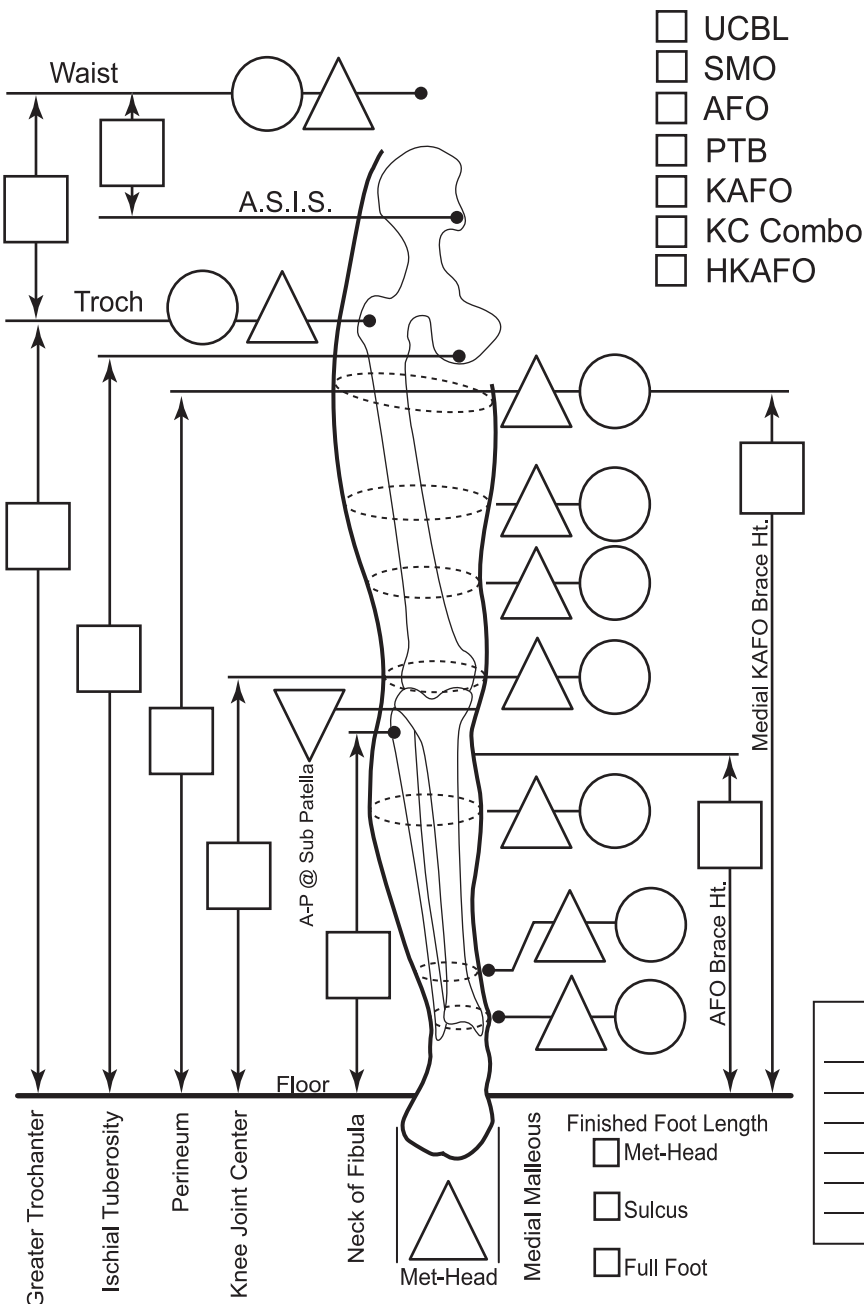
Ankle Alignment (Dorsiflexion - Plantarflexion)
 Correct to _____ degrees Do Not Correct (Cast Alignment OK)

Hindfoot Alignment
 Correct to Vertical Do Not Correct (Cast Alignment OK)

Forefoot Alignment
 Circle drawing below to indicate finished forefoot alignment

Right Pronation Right Supination Right Neutral Left Neutral Left Supination Left Pronation

Include Met Height to Floor in Inches _____



PRODUCT SPECIFICATIONS

Pelvic Band Type: _____

Hip Joint Type: _____

Materials AK
Anterior Clamshell
 Plastic _____
Type & finished thickness
 Liner _____
Posterior
 Plastic _____
Type & finished thickness
 Liner _____

Materials BK
Anterior Clamshell
 Plastic _____
Type & finished thickness
 Liner _____
Posterior
 Plastic _____
Type & finished thickness
 Liner _____

Component Style AK
 Natural
 Ischial
 Quad
 Other _____

Knee Joints
 Free Motion
 Drop Lock
 Adj. Drop Lock
 Spring Lever Lock
 Step Lock
 Other _____

Bar Size _____ X _____

Transfer Pattern: _____

Component Style BK
 PLS
 Semi-Solid
 Solid Ankle
 Floor Reaction
 Transformer
 Dorsal Wrap on Foot
 Other _____

Articulating Ankle Joint type: _____

Plantar Stop type: _____

ADDITIONAL INFO

Orthomerica Use Only

Cast Height _____ "

Cast Length _____ "

Ankle M-L _____ "

Team Rehab™
 ORTHOTIST | THERAPIST | PHYSICIAN | PATIENT