

P.O. Number

## PATIENT INFORMATION

Name

Shoe Size\*  ☐ Male ☐ Female  
(for shoe sizing)

Date of Birth  Weight

☐ Shoes/ Insoles Enclosed

Previous Rx #  Date

## Order Options

ADDITIONAL  
CHARGES  
WILL APPLY

☐ US Mail Labels (Qty 5)

☐ UPS Labels (Qty 5)

☐ RUSH - 7-10 Business Days

☐ OVERNIGHT SHIPPING (RUSH  
CHARGES DO NOT INCLUDE  
OVERNIGHT SHIPPING)

SHIPPING INFORMATION IF SHIP TO PATIENT  
OR LOCATION OTHER THAN BAR CODE

Street Address

City  State & ZIP

Physician's Signature

☐ Barcodes Labels ☐ Order Forms

To expedite the processing of your order, please call ahead with questions.

**Activity Level:** ☐ Non Ambulatory ☐ Low/Transfer ☐ Medium ☐ High/Active

**Diagnosis:**

**Primary reason for the device:**

## Clinical Observation:

**Ankle:** ☐ Normal/Flexible ☐ Limited ☐ Fixed/Fused

**Forefoot:** ☐ Normal/Flexible ☐ Limited ☐ Fixed/Fused

**Special Instructions:**

## ADVANCE GAUNTLET



☐ SEMI-RIGID



☐ FLEXIBLE



☐ ARTICULATING

☐ DORSI-ASSIST

☐ Left Only ☐ Right Only ☐ Bilateral

## Closure Type:

☐ All Laces ☐ Lace w/ Speed Hooks ☐ Boot Hooks

☐ All Velcro\* ☐ Combination (laces with one Velcro strap at top)

## Color:

☐ Black ☐ Dark Beige ☐ Dark Brown ☐ Wine

☐ White ☐ Light Beige ☐ Medium Brown

**Height:** (Measured from base heel to top of collar)

☐ 7" ☐ 9" ☐ As Marked on Cast Other

## Cast Modifications:

**Ankle:** ☐ Correct to 90° ☐ Leave as Casted

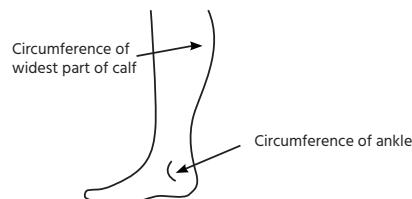
**Forefoot:** ☐ Correct to Neutral ☐ Leave as Casted

## Accommodations:

☐ Metatarsal Pad ☐ Navicular Pad ☐ Plastizote Lining

☐ Soft Spot Padding (mark on cast) ☐ Styloid Pad

## Circumference Measurements:



☐ ADVANCE STEADY

☐ Left Only ☐ Right Only ☐ Bilateral

## Shell Options:

☐ 3mm Polypropylene (standard)

☐ More Rigid ☐ More Flexible

## Cover:

☐ Leather (standard) ☐ Diabetic

**Height:** (Measured from base heel to top of collar)

☐ 7" ☐ 9" Other

## Cast Modifications:

☐ Correct to 90° (standard)

☐ Leave as Casted

