

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 TORCH WALKER**

Left Only  Right Only  Bilateral

**Closure Type:**

All Laces  Hooks  
 All Velcro\*  Total Contact Straps with AFO Pads   
(# of Pads)

**Color:**  Dark Brown  Black  Other

**Height:** (Measured from base heel to top of collar)  
 6"  10"  15"  Other

**Tongue:** Include reinforced anterior shell tongue?  
 Yes  No

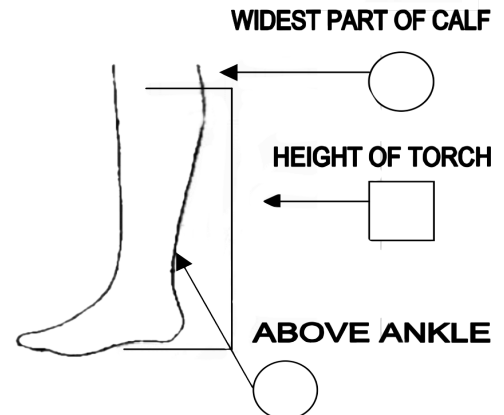
**Soling:** Include S.A.C.H. heel and rocker sole?  
 Yes  No

**Insert:**  1/4" Pink, 1/8" Poron, 1/4" E.V.A.  
 Other Combination

**Cast Modifications:**  None (as casted)

**Correct Ankle to 90°:**  AP  ML  Both

**Forefoot:**  Correct to 90°  As Casted  
 Extra High Toe Box  Standard Toe Box Height  
 Extra Toe Elongation  Standard Toe Elongation  
 Depress as Marked



# SPECIAL INSTRUCTIONS




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