



ADVANCE TRADITIONAL BRACES

PLACE ACCOUNT LABEL HERE

P.O. Number

Order Options

ADDITIONAL CHARGES WILL APPLY

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

PATIENT INFORMATION

Name

Shoe Size* Male Female (for shoe sizing)

Date of Birth Weight

Shoes/ Insoles Enclosed

Previous Rx # Date

- US Mail Labels (Qty 5)
- UPS Labels (Qty 5)

- RUSH** - 7-10 Business Days
- OVERNIGHT SHIPPING** (RUSH CHARGES DO NOT INCLUDE OVERNIGHT SHIPPING)

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 TRADITIONAL

Left Only Right Only Bilateral



- LOW PROFILE**
- Full Flexion Hinge
- Permanent Fixed Hinge



- STANDARD**
- Full Flexion Hinge
- Permanent Fixed Hinge



- GAFFNEY FLEXOR**
- Dorsi Assist with removable anterior band



- DYNAMIC TAMARACK**
- Free Motion
- Dorsi Assist
- With Posterior Bracket
- Without Posterior Bracket

Top Cover: **EVA Swirl** Ebony Plastazote/PPT Spenco

Top Cover Length: **Met** Sulcus Full

Rearfoot Post: Varus Valgus Degrees _____ **Lab Discretion**

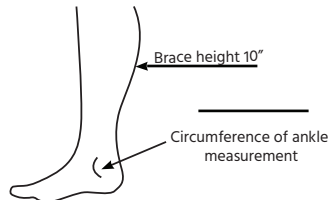
Forefoot Post: Varus Valgus Degrees _____ **Lab Discretion**

Cast Modifications: **Lab Discretion**

Ankle: Correct to Neutral Leave as Casted

Forefoot: Correct to Neutral Leave as Casted

Circumference Measurement:



(Items highlighted in Bold are Standard)