

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 THE ACCOUNT LABEL

Street Address

City State & ZIP

Physician's Signature

Send Account Labels



Scan for 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

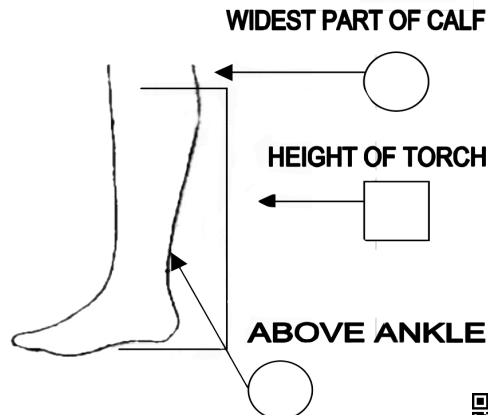
Soling: Include S.A.C.H. heel and rocker sole?
 Yes No

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



Scan for product details

*If shoe size is not supplied, any repair charges needed will be applied.

SPECIAL INSTRUCTIONS



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