SOLO LABORATORIES, INC.

ADVANCE TRADITIONAL BRACES

PLACE ACCOUNT LABEL HERE

Please use the most recent order form at *sololabs.com/order-forms*
Updated 11/10/25

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 Barcode 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:

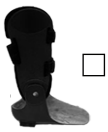
Ankle: ☐ Normal/Flexible ☐ Limited ☐ Fixed/Fused

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

Special Instructions: _____

ADVANCE TRADITIONAL

☐ Left Only ☐ Right Only ☐ Bilateral



☐ **LOW PROFILE**
☐ **Full Flexion Hinge**
☐ Permanent Fixed Hinge
(Available only on the Permanent Fixed Hinge)
☐ Medial Arch Suspender
☐ Lateral Arch Suspender

☐ **STANDARD**
☐ **Full Flexion Hinge**
☐ Permanent Fixed Hinge
(Available only on the Permanent Fixed Hinge)
☐ Medial Arch Suspender
☐ Lateral Arch Suspender

☐ **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

Forefoot Post: ☐ Varus ☐ Valgus ☐ Degrees ____ ☐ **Lab Discretion**

Rearfoot Post: ☐ Varus ☐ Valgus ☐ Degrees ____ ☐ **Lab Discretion**

Heel Skive:
Right: ☐ Medial ____ mm ☐ Lateral ____ mm
Left: ☐ Medial ____ mm ☐ Lateral ____ mm

Modifications:
☐ Heel Lift ____ mm
☐ Flange ☐ Medial ☐ Lateral
☐ Fascial Groove (requires mark in cast)
☐ Navicular (requires mark in cast and a medial flange or arch suspender)
☐ Met Pad
☐ Met Bar
☐ Morton's Extension
☐ Forefoot Accommodations ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th
☐ Other _____

Scan for product details

(Items highlighted in Bold are Standard)

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

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