

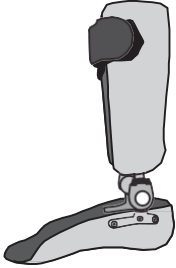
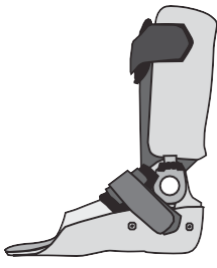
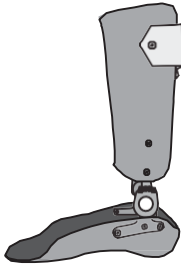
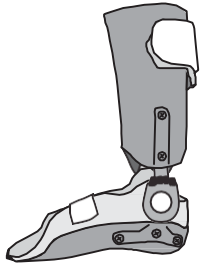
# PEDIATRIC UltraSafeGait™ Order Form

PO# \_\_\_\_\_

Practitioner Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Bill To: \_\_\_\_\_ Ship To: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Right  Left  Bilateral

**Custom Molded ADR** *Please cast with footplate or apply appropriate hand pressure for "tone reducing" modifications. For anterior shell designs, please include patella tendon in cast.*

<input type="checkbox"/> AFO with Posterior Shell (NO Inner Boot)	<input type="checkbox"/> AFO with Posterior Shell + Duraflex™ Inner Boot	<input type="checkbox"/> AFO with Anterior Shell (NO Inner Boot)	<input type="checkbox"/> AFO with Anterior Shell + Duraflex™ Inner Boot
			

Transfer Paper or Plastic Color: \_\_\_\_\_

Strap Color:  Black  White

Joint Selection: (for pts. weighing < 55lbs., ONE USG™ joint may be used either medial or lateral.)

**Medial**

- USG™
- Free Motion







**Lateral**

- USG™
- Free Motion

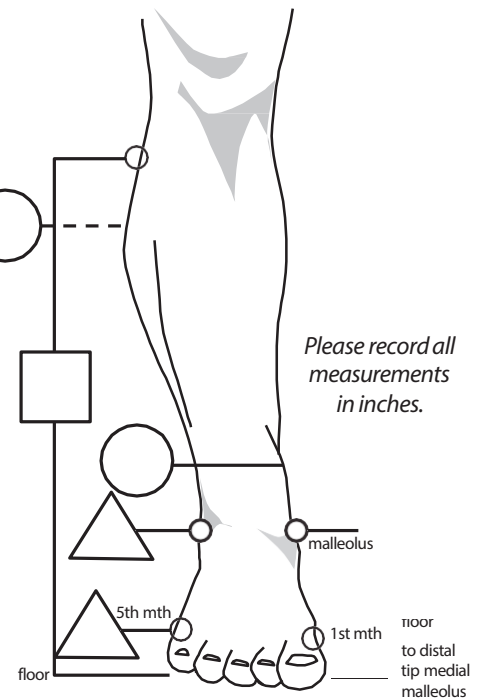
Hindfoot Alignment:  Leave As Cast  Correct to Neutral

Heel Lift:  None (Standard)  Specify Height \_\_\_\_\_

Forefoot Alignment: Check appropriate box below. Specific posting height if needed.

Right Valgus	Right Varus	Right Neutral	Left Valgus	Left Varus	Left Neutral
					
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**Footplate Trimlines**



Finished AFO Height:  Standard  Specify: \_\_\_\_\_  
(2/3-3/4 of cast height)

**Comment/Special Instructions** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_