

# ORDER FORM

## Orthosis for the lower extremity

### Company address / stamp:

Customer number:	

### Customer / patient documentation:

Responsible employee: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

<b>Order-Nr.:</b>	
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Diagnosis / indication: \_\_\_\_\_

Weight (without medical aid): \_\_\_\_\_ kg      Height: \_\_\_\_\_ cm

Activity level: \_\_\_\_\_      Date of birth: \_\_\_\_\_

Comments: \_\_\_\_\_

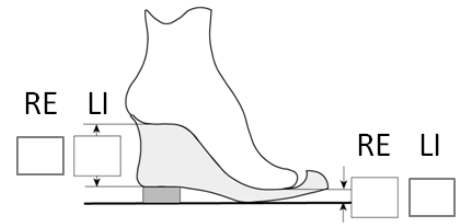
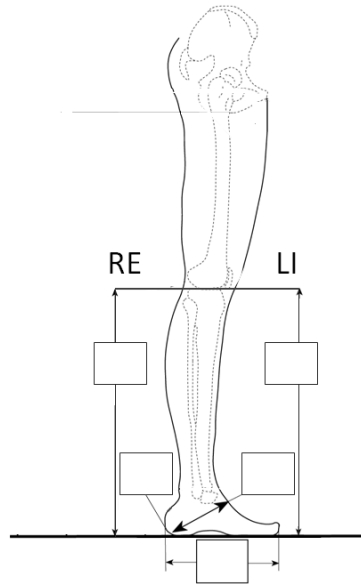
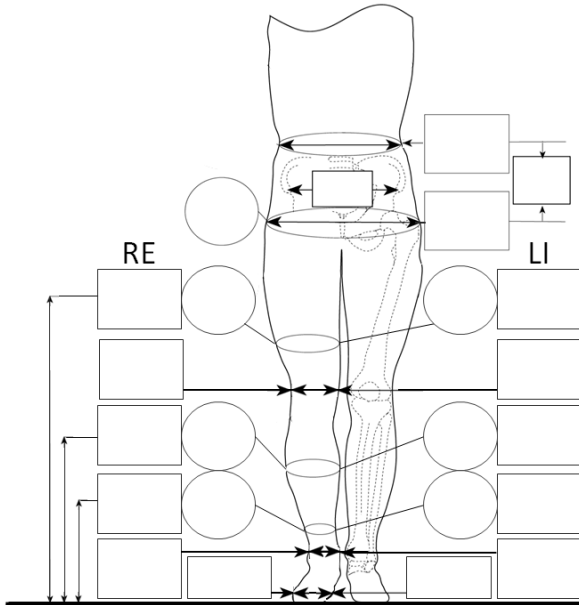
### Orthopedic treatment:

Hight of treatment:	<input type="checkbox"/> Lower leg <input type="checkbox"/> Thigh <input type="checkbox"/> Pelvis-spanning <input type="checkbox"/> left <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> right	
Fitting parts:	Ankle joint: _____ Knee joint: <input type="checkbox"/> locked <input type="checkbox"/> flexion-free _____ Hip joint: _____	
Color: (Sample on demand)		<b><u>Fabric sample: please send us the fabric!</u></b>
Insole:	<input type="checkbox"/> with flexible forefoot <input type="checkbox"/> with rigid forefoot	
Padding:	Do you wish interior padding in your AFO and KAFO? Please specify your desired thickness: _____ mm.	

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Measurement form:

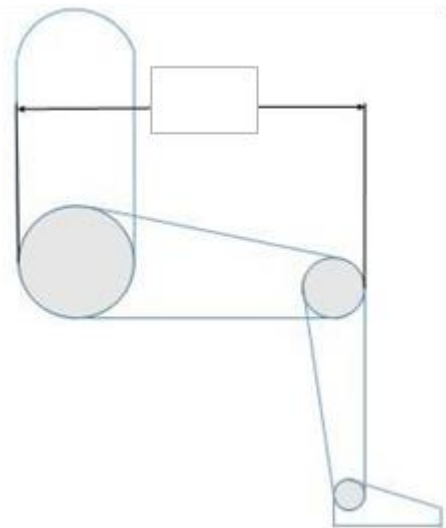


Shoe size:

Effective heel height:



For pelvis spanning treatments, please specify the Sacrum-Patella-level!



Comments:

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Desired deadline: \_\_\_\_\_

Latest delivery date: \_\_\_\_\_

Place and date: \_\_\_\_\_

Signature: \_\_\_\_\_