



High SMO with proximal strap, PF resist,
optional DF resist

No Casting

Today's Date: _____

Patient		
Patient name:	DOB:	Parent / Guardian name:

1 Sizing

Pair Left Right

Size: _____

Wide Standard Narrow

2 Outer Shell

Moderate Flexibility—Polyethylene (outer shell)
Recommended for sizes **4.00 – 5.75**
(not for larger sizes)

OUTER SHELL & STRAP COLOR:

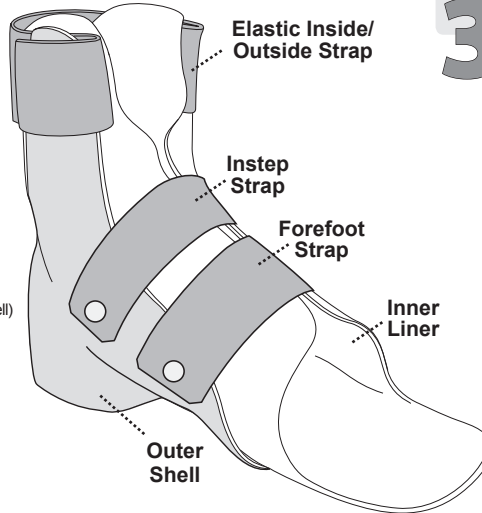
Blue Pink

-or-

Firm—Co-poly (outer shell) Available in white only
Recommended for sizes **6.00 – 9.00**
(available for all sizes)

STRAP COLOR:

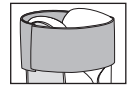
Blue Pink



3 Straps

Standard (resists PF)
Elastic Inside / Outside Strap

Elastic Anterior / Posterior Strap
(resists PF & DF)



INSTEP AND FOREFOOT STRAPS

Standard
Riveted Layover (instep and forefoot)

Optional Strapping:

INSTEP

Layover (no rivets)
 Riveted D-Ring

FOREFOOT

Layover (no rivets)

4 Options

Toe rise pad



Toe rise pad w/ toe abduction strap



Instep pad

Payment Options

Facility Billing
(Practitioner)

Account Name / #:

PO #:

C.C. On File

-or-

Insurance Billing
(Parent / Guardian / Practitioner)

UCAN N°:

-or-

Direct Purchase
(Parent / Guardian)

Check Attached

Credit card:

Visa Mastercard AMEX Discover

Cardholder's phone:

Credit Card N°:

Exact name on card:

Exp. Date:

V-Code:

For current product pricing & shipping costs, please call our Customer Service staff at: **800-848-7332.**

Billing

Practitioner Name:

Facility:

Street address:

City: State: Zip:

Phone:

Email:

Shipping

Same as Billing Information

Shipping contact name:

Street address:

City: State: Zip:

Phone:

Email:

Thank you!