![HiTek logo]

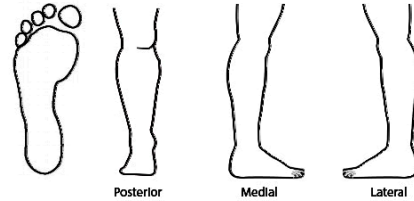**HiTek Fab**
222 Turner Blvd, St. Peters, MO 63376
ph (636) 385-6370 www.HiTekFab.com

IDEO/PDE
Brace

□ *Please check here if you need offloading*

Posterior   Medial   Lateral

Type an asterisk where there is an ulcer/wound.

Use space bar to get asterisk * to the right spot. *MAX CHARACTERS IN EACH ROW CORRESPONDS TO # OF BOXES IN THE ROW. If you exceed you will get an error.*

(If you aren't filling out online you may use spaces *and* carriage returns, no char. max.)

Patient

Last name:

First Initial:

P. ID.   Date cast: Weight:

If you are doing a 2nd order, add "-2" to the patient ID, and "-3" for 3rd order, and so on.

□ Bilateral   □ Left only   □ Right only   Shoe Size:

Practitioner: **Please change to *your* name if necessary.**

Facility:

Finished Brace Angles

ANKLE ALIGNMENT (Dorsiflexion–Plantarflexion)

□ Correct to 3–4° DF   □ Correct to _____   ° □ DF □ PF   □ Do not correct (Cast alignment OK)
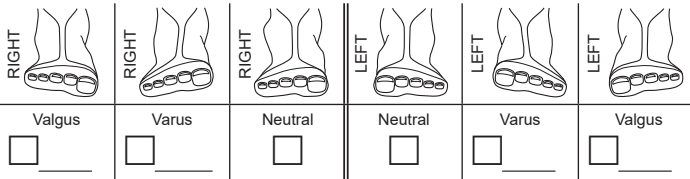
HINDFOOT ALIGNMENT

□ Correct to vertical (if misaligned)   □ Do not correct

FOREFOOT ALIGNMENT   **NOTE:** Drawings show finished orthosis.

Choose forefoot alignment. Write posting height - in mm - if needed.

RIGHT	RIGHT	RIGHT	LEFT	LEFT	LEFT
Valgus	Varus	Neutral	Neutral	Varus	Valgus
□	□	□	□	□	□

Brace Type

□ IDEO   □ PDE AFO   □ PDE Partial Foot Prosthesis

PT Activity Level

□ K1   □ K2   □ K3   □ K4

Shell

□ CoPoly
□ PolyPro   ─ Thickness: ____

□ Lamination

□ Pre-Preg

Transfer Pattern/Skin Tones*
No Transfer Pattern is **Standard**

□ *Click here if you need a transfer pattern*

Pattern: _____

Tones: _____

Skin Tones available only on Lamination

Ankle Strap

□ Normal   □ Valgus Control   □ Varus Control   □ No Strap

Options

□ Rigid Anterior Shell   □ BOA Closure System   □ PDE Shim Kit

□ Reinforcement*   □ Black Dacron Strap*   □ White Dacron Strap*

Items marked with an * will incur additional charges

Lining, Upper

□ Proflex   □ EVA   EVA Color: _____

Lining, Lower

□ Proflex   □ EVA   EVA Color: _____

Upper Closures

Proximal Design

□ Standard IDEO   □ Hinged PTB   □ PTB Shell

Construction • Features • Options
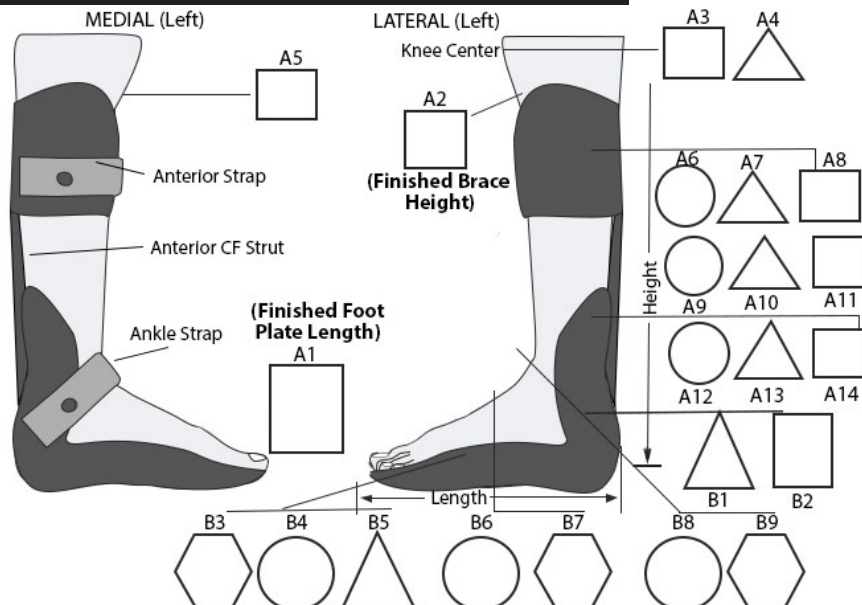
All measurements should be in mm.

MEDIAL (Left)   LATERAL (Left)

A5   Knee Center

A2

(Finished Brace Height)

Anterior Strap

Anterior CF Strut

Ankle Strap

(Finished Foot Plate Length)
A1

Length

| B3 | B4 | B5 | B6 | B7 | B8 | B9 |

A3	A4
A6	A7	A8
A9	A10	A11
A12	A13	A14
B1	B2

Height

LEGEND

A1: Brace Length
A2: Brace Height
A3: Knee Center Height
A4: Knee Center ML
A5: MTP Height
A6: Fibular Head Circ.
A7: Fibular Head ML
A8: Fibular Head Height
A9: Calf Circumference
A10: Calf ML
A11: Calf Height
A10: Narrowest Ankle Circ.
A13: Narrowest Ankle ML
A14: Narrowest Ankle Height

B1: Ankle ML
B2: Ankle Height
B3: 1st MET AP
B4: 1st MET Circ.
B5: 1st MET ML
B6: Mid-Arch ML
B7: Mid-Arch AP
B8: Diagonal Heel Circ.
B9: Diagonal Heel AP

Length   Circumf.   ML   AP

Special Instructions

□ **Rush order** (adds $20)

Instructions must not exceed 460 characters. (Could cause online submission error)