

HiTek Fab 222 Turner Blvd, St. Peters, MO 63376

ph (636) 385-6370 www.HiTekFab.com

	Type an asterisk where there is an ulcer/wound.
Last name:	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.
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.	(If you aren't filling out online you may use spaces and carriage returns, no
Bilateral Left only Right only Shoe Size:	Posterior Medial Lateral char. max.)
Please change to your	Shell
name in necessary.	CoPoly Transfer Pattern/Skin Tones*
Facility:	PolyPro Click here if you need a transfer pattern
Finished Brace Angles ANKLE ALIGNMENT (Dorsiflexion–Plantarflexion)	Lamination Pattern:
Correct to $3-4^{\circ}$ DF Correct to $\circ \Box DF$ Do not correct	Pre-Preg Tones:
HINDFOOT ALIGNMENT	Skin Tones available only on Lamination Ankle Strap
Correct to vertical (if misaligned)	
FOREFOOT ALIGNMENT NOTE: Drawings show finished orthosis.	Normal Valgus Control Varus Control No Strap
Choose forefoot alignment. Write posting height - in mm - if needed.	Options
	Rigid Anterior Shell BOA Closure System PDE Shim Kit
	Reinforcement* Black Dacron Strap* White Dacron Strap*
Valgus Varus Neutral Neutral Varus Valgus	Lining, Upper
	Proflex EVA EVA Color:
Brace Type	Lining, Lower
IDEO PDE AFO	Proflex EVA EVA Color:
	Upper Closures
	Proximal Design
	Standard Minged PTB Shell
	ПЕО РТВ
PT Activity Level	
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Construction • reatures • Options	LEGEND
MEDIAL (Left) LATERAL (Left)	A3 A4 A1: Brace Length B1: Ankle ML
	A2: Brace Height B2: Ankle Height A3: Knee Center Height B3: 1st MET AP
	A3: Knee Center HeightB3: 1st MET APA4: Knee Center MLB4: 1st MET Circ.
	A5: MTP Height B5: 1st MET ML
Anterior Strap (Finished Brace Height)	A6: Fibular Head Circ. B6: Mid-Arch ML A7: Fibular Head ML B7: Mid-Arch AP
Anterior CF Strut	A8: Fibular Head Height B8: Diagonal Heel Circ.
(Finished Foot	A9: Calf Circumference B9: Diagonal Heel AP A10: Calf ML
(Finished Foot Ankle Strap Plate Length)	A A A A A A A A A A A A A A A A A A A
	A10: Narrowest Ankle Circ.
	A12 A13 A14 A13: Narrowest Ankle ML A14: Narrowest Ankle Height
Length	B1 B2 Length Circumf. ML AP
	B1 B2 Length Circumf. ML AP
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Special Inst	ructions

Rush order (adds \$20) Instructions must not exceed 460 characters. (Could cause online submission error)

BILL TO:

IDEO/PDE

Please check here if you need offloading

Brace

Cascade Orthopedic Supply 2638 Aztec Drive • Chico, CA 95928