ORTHOMERICA® SPECTRUM™ AFO SYSTEM ORDER FORM

6333 North Orange Blossom Trail, Orlando FL 32810 • www.orthomerica.com • phone 877-737-8444 • fax 877-737-8445

PATIENT INFO (PHI)

LAST NAME/ID _____ FIRST NAME _____

AGE _____ HEIGHT _____ WEIGHT _____ SEX _____

DIAGNOSIS _____

PO#

☐ **LEFT** ☐ **RIGHT** ☐ **BI-LATERAL**

REMARKS:

SHIPPING INFORMATION

PRACTITIONER _____ PHONE _____ FAX _____

FACILITY _____

SHIP TO ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ Ground ☐ 2 Day Air ☐ Overnight ☐ Other:_____

Need by:

BILL TO:
Cascade Orthopedic Supply
2638 Aztec Drive • Chico, CA 95928

BILL TO _____

CITY _____

☐ LEATHER GAUNTLET ☐ SYNTHETIC GAUNTLET ☐ EDEMA GAUNTLET ☐ SLIM GAUNTLET ☐ ARTICULATING GAUNTLET

Shorty Gauntlet still available.

CAST CORRECTION

Ankle Alignment

☐ 90°

☐ ____° ☐ Dorsiflexion ☐ Plantarflexion

☐ Do Not Correct

Hindfoot Subtalar Alignment

☐ Neutral

☐ Do Not Correct

Forefoot Alignment

☐ Neutral

☐ Do Not Correct

☐ Other_____

LEATHER

☐ Black

☐ Tan

☐ White

SYNTHETIC

☐ White

☐ Black

CLOSURE

☐ **Laces +1 Velcro Strap***

☐ Laces

☐ Velcro *

☐ Boot Hooks

☐ Speed Laces

PLASTIC INNER SHELL

☐ **Firm** –heat adjustable

☐ Flexible Proflex (ADDITIONAL CHARGE)*

☐ Rigid Polypropylene–not heat adjustable

☐ Cut-out Inner Shell from Heel*
(heel will still be covered by leather or synthetic material, except on Slim versions)

IF ARTICULATING

☐ **Regular Tamarack***

☐ Dorsi Assist Tamarack*

☐ Other

☐ Plantar Stop*

MODIFICATION OPTIONS

☐ Navicular Relief

☐ Styloid 5th Met Relief

☐ Other_____

ADDITIONAL OPTIONS

(WILL INCUR ADDITIONAL CHARGE)

☐ Leather Covered Toe Filler

☐ Synthetic Covered Toe Filler

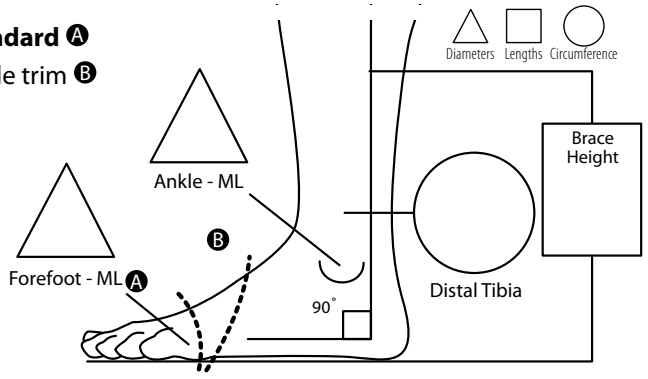
☐ Add Extra Navicular Pad

TRIM

☐ **Standard** Ⓐ

☐ Angle trim Ⓑ

MEASUREMENTS (OVER 9"WILL INCUR ADDITIONAL CHARGE)



POST (WILL INCUR ADDITIONAL CHARGE)

Hindfoot ☐ Medial ☐ Lateral _____"

Forefoot ☐ Medial ☐ Lateral _____"

Hind & Forefoot ☐ Medial ☐ Lateral _____"

Arch Post ☐

Unspecified options will default to those in **bold.**
***Options do not apply to the Edema Gauntlet.**

Special Instructions:

PRINT