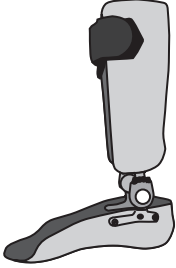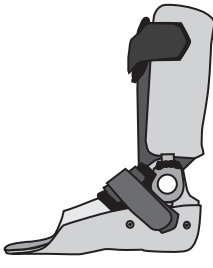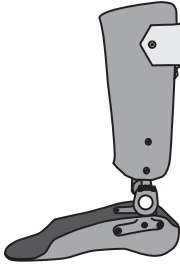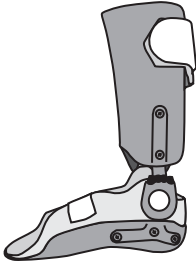# PEDIATRIC UltraSafeGait™ Order Form   PO# _____

Practitioner Name: _____   Date: _____

Company: _____   Bill To: _____

Address: _____   Address: _____

City: _____   City: _____

State: _____ Zip: _____   State: _____ Zip: _____

Patient Name: _____   Diagnosis: _____

Height: _____ Weight: _____ Age: _____   Right ☐   Left ☐   Bilateral ☐

Custom Molded ADR   *Please cast with footplate or apply appropriate hand pressure for "tone reducing" modifications. For anterior shell designs, please include patella tendon in cast.*

☐ **AFO with Posterior Shell (NO Inner Boot)**	☐ **AFO with Posterior Shell + Duraflex™ Inner Boot**	☐ **AFO with Anterior Shell (NO Inner Boot)**	☐ **AFO with Anterior Shell +Duraflex™ Inner Boot**

Transfer Paper or Plastic Color: _____

Strap Color: ☐ Black   ☐ White

Joint Selection: *(for pts. weighing < 55lbs., ONE USG™ joint may be used either medial or lateral.)*

Medial   **Lateral**
☐ USG™   ☐ USG™
☐ Free Motion   ☐ Free Motion

Footplate Trimlines

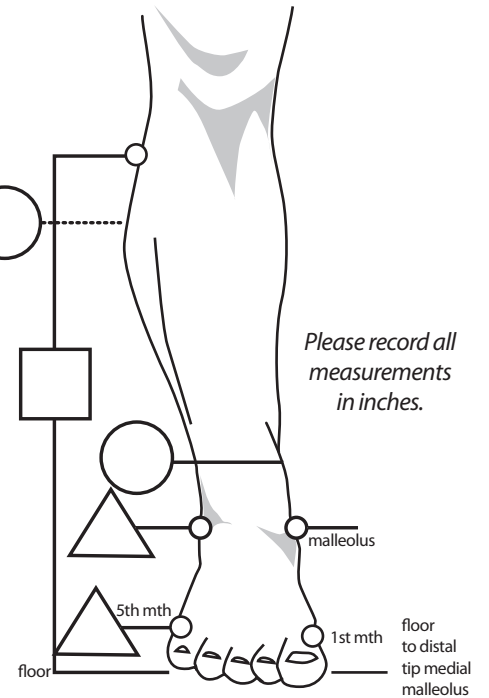*Please record all measurements in inches.*

Hindfoot Alignment: ☐ Leave As Cast   ☐ Correct to Neutral

Heel Lift: ☐ None (Standard) ☐ Specify Height _____

Forefoot Alignment: *Check appropriate box below. Specific posting height if needed.*

Right Valgus	Right Varus	Right Neutral	Left Valgus	Left Varus	Left Neutral
☐ ____	☐ ____	☐ ____	☐ ____	☐ ____	☐ ____

malleolus

5th mth

floor

1st mth

floor to distal tip medial malleolus

Finished AFO Height: ☐ Standard   Specify: _____
(2/3-3/4 of cast height)

Comment/Special Instructions _____

_____

_____

_____

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