

Custom Selection Dynamic Walk Order Form



Practitioner Details

Name: _____ Order Date: _____
 Address: _____ Date Required: _____
 _____ Tel: _____
 _____ E-mail: _____

Patient Details

Name: _____ Male Female Age: _____ Weight: _____
 Condition: _____ Repeat Order
 Shoe Size: _____ Activity Level: Low Medium High

Side: Right Left Bilateral

Type: Standard: Normal Wide Ankle
 Single Side: Lateral Medial
 Double Double Shoe Mount

Calf Band: Small Medium Large Increase/Decrease Height* _____ mm
 Foot Plate: Small Medium Large Increase/Decrease Length _____ mm (+/-13mm)
 Material Options: Standard Foot Plate Rigid Foot Plate Flexible Foot Plate
 Rigid Calf Band Standard Calf Band

Peek Thickness: 6mm (Adult Standard) 5mm (Standard Pediatric/Less Assist)

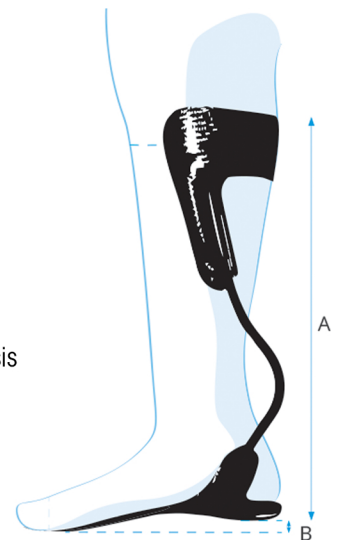
Instructions (sensitive areas, etc.)

Measurements:

A _____ mm
 B _____ mm

Explanation:

A - Height of Orthosis
 B - Foot Length



FOOT LENGTH	SMALL	MEDIUM	LARGE
All types except Shoe Mount	230 mm +/- 13 mm	250 mm +/- 13 mm	270 mm +/- 13 mm
CALF HEIGHT	SMALL	MEDIUM	LARGE
Standard	320 mm +/- 25 mm	355 mm +/- 30 mm	370 mm +/- 35 mm
Single Side Lateral /Single Side Medial, Double Double	340 mm +/- 25 mm	370 mm +/- 30 mm	385 mm +/- 35 mm
Shoe Mount	360 mm +/- 25 mm	380 mm +/- 30 mm	400 mm +/- 35 mm

Please send your order to: sales@denovohealthcare.com or via fax 01934 808 405