

SIGNATURE DYNAMIC ORDER FORM

SIGNATURE CUSTOM ORTHOTICS

303-238-8443 Fax: 303-238-8722 www.signatureorthotics.com
2610 Harneck Rd. Applegate, MI 48401



Date _____
Cast: _____
Account #: _____

PRACTITIONER

Name: _____
Address: _____
Phone: _____

PATIENT

Name: _____
 Left Right Bi-Lateral
 F M Age: _____
Height: _____ Weight: _____
Shoe size: _____ Shoe type: _____

SHIPPING

Next day - Add \$40.00**
 2-Day - Add \$25.00**
Please send our office
 Order Forms

DIAGNOSIS/ OBSERVATIONS

RUSH CHARGES (ADD \$50) Please initial _____ Date Needed _____ **

BRACE OPTIONS (Please complete this entire section. Missing information may cause production delays.)

CONTROL: Less (flexible) Medium (Semi Rigid) Maximum (Firm)
*** Open heels reduce the overall structural support of the brace. Open heels should only be used in extreme cases.*

HEIGHT: 7" 9" 6" (Rolled Collar) As Marked on Cast
***Height is measured from base of heel to top of callar. Orders for braces over 9" are subject to additional charges.*

JOINT TYPE: Tamarack Flexure Joint™ Tamarack Dorsiflexion Assist Flexure Joint™

FOOT PLATE TRIM LENGTH: *** Length of Plastic Only* Proximal to Met Heads Sulcus Full Foot Extension As Marked

PADDING EXTENSION: ***Leave Blank for Met Length* Sulcus Full Foot Extension Cut to Shoe Size

PADDING THICKNESS: 1/8" Swirl EVA 1/16" Swirl EVA 1/8" Plastazote

SPECIAL OPTIONS: Use Extrinsic Rearfoot Post (Additional charges apply)

SPECIAL MODIFICATIONS/ INSTRUCTIONS

CAST PREPARATION

ANKLE CORRECTION: As Casted Correct to 90°
FOREFOOT CORRECTION: As Casted Correct to Neutral

STS SOCK RETURN

Yes, return a Medium Large STS Sock with this order.

Signature: _____

Thank you for your trust !