

### PATIENT INFORMATION

(Patient information will remain secure and confidential)

Name or ID: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Activities: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Bill To : \_\_\_\_\_

Company: \_\_\_\_\_

Account No: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Purchase Order: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### PURCHASE ORDER \_\_\_\_\_

Ship To (If different than billing address)

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Brace Side:  Left  Right  
 One pair (Use two forms)

SHIP METHOD:  Next Day  2-Day  3-Day  Ground (standard)



**SURE-01**  
Standard  
Custom lower  
Pre Fab upper



**SURE-02**  
Pro Custom  
 Separate Uprights



**SURE-03**  
Dynamic Assist  
 Separate Uprights



**SURE-08**  
Variable ROM  
Variable R.O.M.  
 Separate Uprights



**SURE-09**  
Rigid Solid  
Ankle



**SURE-10**  
Flexible Solid  
AFO



**SURE-11**  
90° Plantar  
Flexion Stop



**SURE-12**  
DORSI-ASSIST



**SURE-13**  
Tall with  
Solid Ankle



**SURE-14**  
Solid Ankle  
 Standard  
8" Height  
Met foot trim  
Sand leather  
Laces  
Heel cut out



**SURE-16**  
Standard with  
Ankle Joint  
 Dorsi Assist Tamarack  
 90° Tamarack  Free motion (standard)  
 Variable R.O.M.  Plantar stop



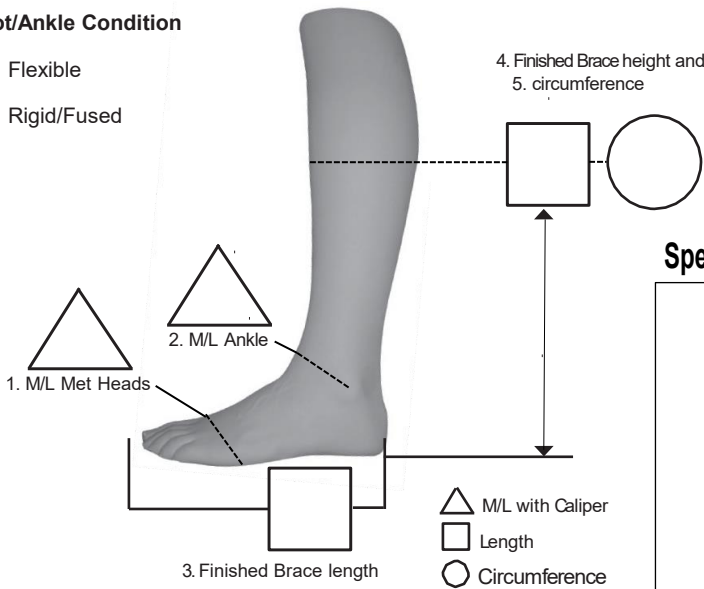
**SURE-18**  
Lite



**SURE-19**  
Stabilizer

**Foot/Ankle Condition**

- Flexible
- Rigid/Fused



**Special Instructions:**

**Cast Correction required before fabrication can be started.**

**Ankle Alignment**

- Neutral
- Do Not Correct
- \_\_\_\_°
- Dorsiflexion
- Plantarflexion

**Hindfoot Subtalar Alignment**

- Neutral
- Do Not Correct
- Other \_\_\_\_\_

**Forefoot Alignment**

- Neutral
- Do Not Correct
- Other \_\_\_\_\_

**Material options only for Sure 01 - 02 - 03 - 08 - 09 - 10 - 11 - 12**

- |                                     |                                      |   |
|-------------------------------------|--------------------------------------|---|
| <b>Top Cover</b>                    | <b>Top Cover Length</b>              | <b>Joint Option</b>                           |
| <input type="checkbox"/> Standard   | <input type="checkbox"/> Metatarsals | <input type="checkbox"/> Full Flexion         |
| <input type="checkbox"/> Spenco *   | <input type="checkbox"/> Sulcus      | <input type="checkbox"/> Temporary Fixed      |
| <input type="checkbox"/> Diabetic * | <input type="checkbox"/> Toes        | <input type="checkbox"/> Permanent Fixed      |
| <input type="checkbox"/> Poron *    |                                      | <input type="checkbox"/> 90°Dynamic Assist *  |
|                                     |                                      | <input type="checkbox"/> Dorsi AssistTamarack |
- (Additional charges may apply\*)

**Leather gauntlet material options only for Sure 13 - 14 - 16**

- |                                |   |  |
|--------------------------------|---|--|
| <b>Color</b>                   | <b>Closures</b>                                 | <b>Joint</b>   |
| <input type="checkbox"/> Black | <input type="checkbox"/> Velcro with buckle     | <input type="checkbox"/> Tamarack *                          |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Combo-1 Velcro & laces | <input type="checkbox"/> Adjustable ROM *                    |
| <input type="checkbox"/> White | <input type="checkbox"/> Velcro Only            | <input type="checkbox"/> Dorsi-assit Tamarack *              |
| <input type="checkbox"/> Sand  | <input type="checkbox"/> Laces only             | <input type="checkbox"/> Free motion <small>standard</small> |
|                                | <input type="checkbox"/> Laces & boot hooks     | <input type="checkbox"/> Plantar stop                        |
|                                | <input type="checkbox"/> BOA *                  | <input type="checkbox"/> With heel cut out                   |
|                                |   | <input type="checkbox"/> No heel cut out                     |

- |   |   |
|---|---|
| <b>Foot Orthosis width</b>                          | <b>Arch Fill</b>  |
| <input type="checkbox"/> Standard                   | <input type="checkbox"/> Minimum – snug fit, no forgiveness |
| <input type="checkbox"/> Narrow                     | <input type="checkbox"/> Standard – close conformity        |
| <input type="checkbox"/> Low Profile Podiatric Trim | <input type="checkbox"/> Maximum – very forgiving           |

- Flange**
- Medial Flange
  - Lateral Flange
- (Use with abducted forefoot. Do not use with lateral ankle instability)*

- Forefoot Posting**
- Zero
  - Varus \_\_\_\_Degrees
  - Valgus \_\_\_\_Degrees

- |  |  |
|--|--|
| <b>Foot Plate Length</b>   | <b>Foot Plate Accommodation</b>                |
| <input type="checkbox"/> Standard (prox to met heads)                  | <input type="checkbox"/> Navicular *           |
| <input type="checkbox"/> Sulcus  | <input type="checkbox"/> Styloid *             |
| <input type="checkbox"/> End of Toes (weight bearing tracing required) | <input type="checkbox"/> Medial Fascial Band * |
|  | <input type="checkbox"/> Other: _____          |

- Heel cup**
- 35 mm – Standard
  - 18 mm
  - 14 mm
  - Other \_\_\_\_\_

- Addons**
- Heel Lift \_\_\_\_\_mm \*
  - Scaphoid (Medial) Sling \*
  - Cuboid (Lateral) Sling \*
  - Instep Strap \*

**Medial Heel Skive**     2°     4°     6°

Please ship cast and completed order form to:

**National Lab-Orlando**  
 9561 Satellite Boulevard, Suite 350 Orlando, FL 32837    P (407) 852-6170    F (866) 855-1486  
[NationalLabs\\_Orlando@spsco.com](mailto:NationalLabs_Orlando@spsco.com)