

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



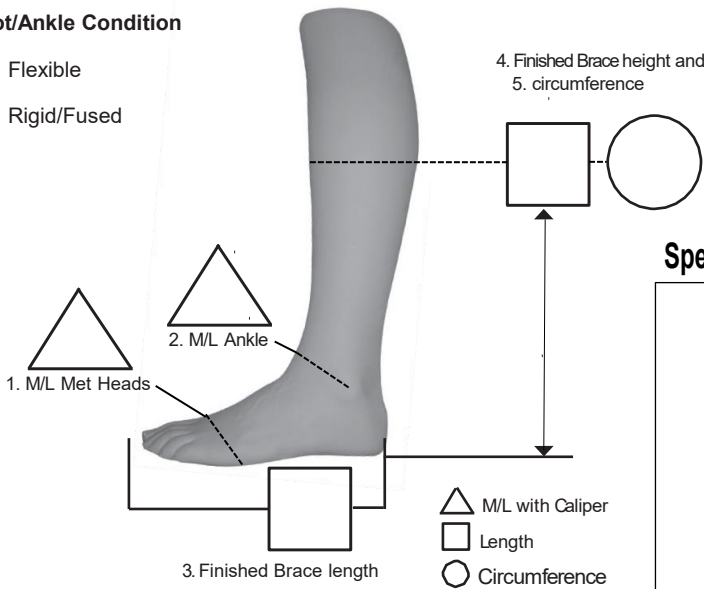
SURE-18
Lite



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

- | | | |
|-------------------------------------|--------------------------------------|--|
| Top Cover | Top Cover Length | Joint Option |
| <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 Assist/Tamarack |
- (Additional charges may apply*)

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

- | | | |
|--------------------------------|---|---|
| Color | Closures | Joint |
| <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 standard <input type="checkbox"/> Plantar stop |
| | <input type="checkbox"/> Laces & boot hooks | <input type="checkbox"/> With heel cut out |
| | <input type="checkbox"/> BOA * | <input type="checkbox"/> No heel cut out |

Foot Orthosis width

- Standard
- Narrow
- Low Profile Podiatric Trim

Arch Fill

- Minimum – snug fit, no forgiveness
- Standard – close conformity
- 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

Foot Plate Length

- Standard (prox to met heads)
- Sulcus
- End of Toes (weight bearing tracing required)

Foot Plate Accommodation

- Navicular *
- Styloid *
- Medial Fascial Band *
- 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°

QUESTIONS: contact Gary Hockey, ghockey@spsco.com, 407-852-6170 ext.1685

Please ship cast and completed order form to:

Hanger Fabrication Network
 9561 Satellite Boulevard, Suite 350 Orlando, FL 32837 P (407) 852-6170 F (866) 855-1486
HFN_support@hanger.com