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**Order Form**

Date MM...../DD...../YYYY.....

**Clinician**

Account Name/Number .....  
Location .....  
PO Number .....  
Clinician .....  
Contact me before processing

**Patient**

First Name .....  
Last Name .....  
Gender: M F DOB MM...../DD...../YYYY.....  
Height ..... Weight ..... Shoe size .....  
Dx .....  
Ship to Patient .....  
Street Address .....  
City .....  
State ..... Zip .....

**T200 Tamarack Free Motion**

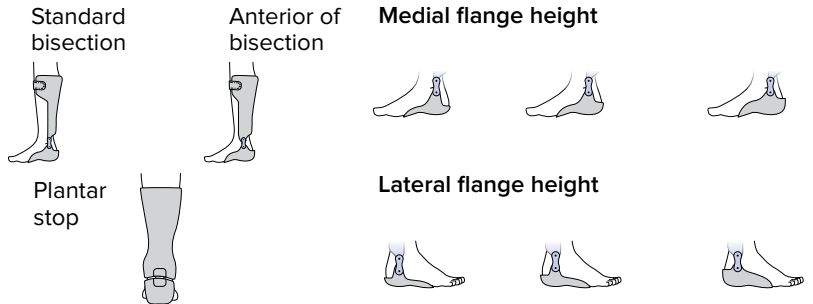


- 4mm Polypropylene frame
- Rearfoot intrinsic post
- Free motion tamarack joints
- No top cover
- Tibial strap & pad
- Fibula height
- Foot frame to metatarsals
- Low, medial and lateral flanges

\* Picture depicted with plantar stop

**Frame trim lines and options**

\*Cast/Scan height must be 1" higher than desired proximal trimline of the AFO



**Impression**

- Plaster
- STS Casting Socks
- 3D Foot Scanner
- Fiberglass Casting Tape

**Fitting**

- Fit AFO to submitted:
- Tracing
  - Shoes

**Side**

Use separate Rx for each side  
\*G800 exempt BIL standard



**Foot frame length**



**Pads**

- Met balance pad
- Met punch
- Metatarsal pad 2-4
- Met Bar 1-5
- Dancer's Pad
- Scaphoid Pad
- Cuboid Offload
- Heel pad
- Heel Spur Pad
- Foot Plate Liner
- Foot & Uprigh

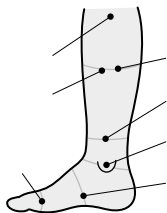
**METATARSAL HEAD**  
(select all that apply)

**Impression preparation**



**Measurements (optional)**

- Height:**  
Fibula Head  
Proximal Trim
- Circumference:**  
Forefoot



- Circumference:**  
Proximal Trim  
Above Ankle  
Ankle  
Mid-Foot

**Special instructions**

**Forefoot extensions**

- Sulcus extension**
- Sulcus Extension
  - Morton's Ext.
  - Rev. Morton's Ext.
- Toe extension**
- Morton's Ext.
  - Rev. Morton's Ext.
  - Toe Extension
  - Toe Filler

**Myolite (mm)**

**Myolite (mm)**

**Frame modifications**

- 1<sup>st</sup> Ray Cut Out
- 5<sup>th</sup> Ray Cut Out
- Navicular B. Out (mm) (mm)
- 5<sup>th</sup> Button Out (mm) (mm)
- Heel Lift (mm) (mm)
- Heel Lift Tapered (mm) (mm)