
Account Name: _____ Patient Name: _____
Doctor: _____ Weight: _____ Shoe Size: _____ Age: _____
Address: _____ Gender: _____
_____ Diagnosis: _____
City: _____
State: _____ Zip: _____
Phone: _____ Fax: _____ Casted By: _____ Date: _____

Brace #: _____

Brace Type:

- Standard AFO
- Air
- EMAN
- EMAN Deluxe

Problem with Brace: _____

Changes needed: _____

Reminders:

- Original brace needs to be included with order form.
- For areas that need special attention, place tape on brace and draw mark with sharpie or other marker on tape.
- Some remakes may require recasting the patient. Please call prior to shipping if you unsure whether a new cast is needed.
- Marks should be made on the cast on any areas that need special attention and noted on this order form on how you would like them to be accommodated.

Additional Charges:

Corrections or changes to the brace after fabrication may incur additional charges. Please call prior to sending in for price quote.