

Doctor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____

Contact: _____

Patient Name (Last, First): _____

Age: _____ Weight: _____ Shoe Size: _____ Gender: Male Female

Diagnosis: _____

Sanned / Cast By: _____ Date: _____

Type: Right Left Bilateral

Reinforcement: Semi-Rigid (3mm) Firm (4mm)

Ankle Joint: Standard Dorsi-Assist

Ankle Corrections: Correct to 90° As Casted

Poly Footplate Length: Proximal to Met Heads Sulcus Full Foot

Padding Footplate Length: Proximal to Met Heads Sulcus Full Foot

Padding Thickness: 1/8" Swirl EVA 1/16" Swirl EVA 1/8" Plastazote

Special Options: Use Extrinsic Rear Foot Post (Additional Charges Apply)

Special Cast/Brace Modification Instructions:

Check here if using RyboScan App:

Please scan and email this completed form to: Ryboscan@gmail.com

Check here if mailing a Cast:

Please include a copy of this Order Form, and write Doctor Name/Patient Name on each cast.

QUESTIONS? Please call 714-404-5179 prior to scanning or casting your patient.

EMAN Articulating

