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**Doctor:** \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

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

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Patient Name (Last, First): \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_ Gender:  Male  Female

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

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Sanned / Cast By: \_\_\_\_\_ Date: \_\_\_\_\_

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**Type:**  Right  Left  Bilateral

**Color:**  Black  Light Beige  Tan

**Closure:** LACE ONLY

**Ankle Corrections:**

Correct Anterior/Posterior to 90°  As Casted

Correct Medial/Lateral to 90°  As Casted

**Forefoot Corrections:**  Correct to 90°  As Casted

**Footplate Length:** Met Heads only

**Special Cast/Brace Modification Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check here if using RyboScan App:**

Please scan and email this completed form to: [Ryboscan@gmail.com](mailto: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.

## Tweener

