



2521 W Veterans Pkwy, Marshfield, WI 54449
 Toll Free: 888-384-4766 | Phone: 715-207-6360
 Fax: 888-389-5251 | Email: office@prostheticplus.com

Custom Leather Ankle Gauntlets

Patient Information

Name: _____
 PO#: _____
 Age: _____ Height: _____ Weight: _____
 Male Female
 Left Right Bilateral

Cast Correction Instructions:

Leave cast as is
 Correct DF/PF 90 to floor
 Correct DF/PF 90 with 3/8"-1/2" heel lift
 Correct ankle varus/valgus
 Correct forefoot to neutral
 Other: _____

Toe Plate:

Met Sulcus Full Length (Insole Tracing Req.)
 (Additional Charge)

Plastic Heel Type:

Open heel Solid heel Complete Open heel

Trim Lines:

Standard M/L leaf Posterior leaf
 Finish plastic to drawn trim lines
 Other: _____

Style:

Standard (5"-6" above malleoli)
 Articulated (Type: _____)
 Tall (7"-9" above malleoli)
 Articulated (Type: _____)
 Unloader
 Leather lower w/extended exposed plastic upper
 Extended Complete Leather Brace
 SMO
 Designate overall height: _____

Structure Material:

Poly-Pro 3/32" 1/8" 5/32" 3/16"
 Spectracarb Lamination

Finish Material and Color:

Leather
 Black Taupe Brown
 White Cream Russet
 Ultrasuede
 Black Sand Brown
 Grey Cream
 NEWLIMBITS Transfer: _____
 (Only available on Ultrasuede)

Closure:

Eyelets
 Boot Hooks
 Velcro strap w/ chafe:
 Total straps: _____
 Complete closure
 Velcro lay-over w/o chafe:
 Total straps: _____
 Complete closure
 Velcro forefoot/ankle reverse "Z" strap
 Other: _____

Options at Additional Charge:

Removable orthotic
 Plastizote DUAL-LAM TRI-LAM
 Partial toe filler (Shoe req. with cast)
 Cover toe filler w/ leather
 Padded Collar
 Lined Tongue Padded & lined Tongue
 Posting: _____
 Additional padding: _____

Rush Charge Options & Shipping:

2 day rush (\$75) 24 hour rush (\$100)
 Next day air saver 2 day air 3 day air
 Ground Other: _____

Practitioner: _____
 Company: _____
 Phone: _____
 Fax: _____

Date: _____ Due Date: _____

Ship to: _____

Tech notes:

Date Received: _____ Time: _____