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3D 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 (Shoe Size Req.)



Heel Type:

Open heel Solid heel

Style:

Standard (Up to 10" overall height)

Articulated(Type: _____)

Tall (Up to 13" overall height)

Articulated(Type: _____)

SMO

Designate overall height: _____

Tech notes:

Partial Foot Prosthesis/Toe Filler

Height:

SMO

Tibial Tubercle Height (includes nylon support)

Designated Overall Height: _____

Toe Style:



Posting:

Medial Lateral Other: _____

Closure: *select all that apply*

Boot Hooks

Speed Laces

Straps: _____

Structure Material:

TPU

TPU with Nylon structural Support (over 220 lbs)

Options at Additional Charge:

Removable orthotic

Plastizote DUAL-LAM TRI-LAM

Posting:

Medial Heel

Lateral Heel

Full Heel

Forefoot:(*circle one*) Medial - Lateral - Both

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: _____

Date Received: _____ Time: _____