



Mile High TORCH Walker

FACILITY NAME:

Purchase Order # _____ Date: / / American Account # _____

SHIP ADDRESS:			BILL ADDRESS:		
City:	State:	Zip:	City:	State:	Zip:
Tel #	Fax #		Tel #	Fax #	
Contact:	Title:		Contact:	Title:	
<input checked="" type="checkbox"/> Fax Order Acknowledgment To The Shipping Address			<input type="checkbox"/> Fax Order Acknowledgment To The Billing Address		
<input type="checkbox"/> Fax Additional Acknowledgment To:			Title: _____ Fax # ()		

PATIENT NAME: _____ Male Female Weight: _____ Age: _____

Activity level: Non Ambulatory Low / transfer Medium High / active Occupation: _____

Currently Wearing Custom Shoes Company: _____ Height: _____ Information: _____

Rx / Diagnosis: _____

STYLE: BLUCHER (one-piece upper) PATTERNED (custom patterned upper)

COLOR: BLACK DARK BROWN OTHER _____

CLOSURE: ALL LACES ALL VELCRO HOOKS

TOTAL CONTACT STRAPS WITH AFO PADS _____
(# OF PADS)

HEIGHT: 6" 10" 15" OTHER: _____
(MEASURED FROM THE BASE OF THE HEEL TO THE TOP OF THE COLLAR)

TONGUE: INCLUDE REINFORCED ANTERIOR SHELL TONGUE ?
 YES NO

SOLING: INCLUDE S.A.C.H. HEEL AND ROCKER SOLE ?
 YES NO

INSERT: 1/4" PINK 1/8" PORON® 1/4" E.V.A.

OTHER: _____

CAST MODIFICATIONS: NONE (AS CASTED)

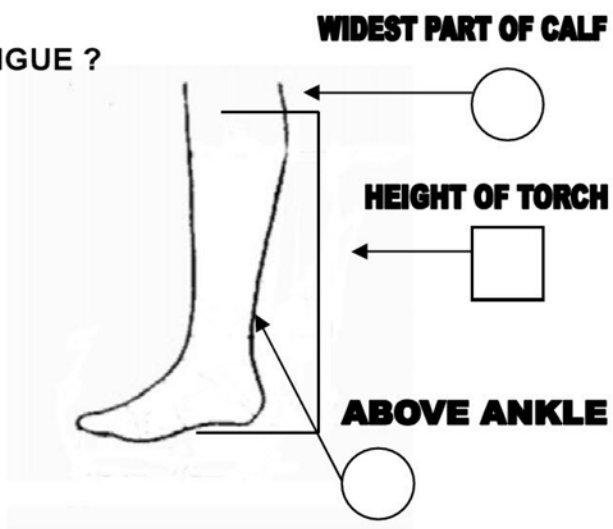
CORRECT ANKLE TO 90 DEGREES: AP ML BOTH

FOREFOOT: CORRECT TO 90° AS CASTED

EXTRA HIGH TOE BOX STANDARD TOE BOX HEIGHT

EXTRA TOE ELONGATION STANDARD TOE ELONGATION

DEPRESS AS MARKED





SPECIAL INSTRUCTIONS

WE WILL ACCOMMODATE ANY SPECIAL REQUEST AS CLOSELY AS POSSIBLE; JUST INDICATE SPECIAL MODIFICATION OR OPTION BELOW.

- SHIP NEXT DAY UPS SHIP SECOND DAY UPS SHIP GROUND UPS
 SEND ___ CATALOGS SEND ___ ORDER FORMS SEND ___ UPS LABELS

CASTING INFORMATION FOR LAB USE ONLY

Cast Material	<input type="checkbox"/> Plaster	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Synthetic Sock	
Cast Information	<input type="checkbox"/> Duplicate Cast	<input type="checkbox"/> Shoe last	<input type="checkbox"/> Shoe to pour	<input type="checkbox"/> Caliper Plate Or Stirrup Included
	<input type="checkbox"/> Casted over AFO	<input type="checkbox"/> AFO Included	<input type="checkbox"/> Metal Brace Included	<input type="checkbox"/> Duplicate shoe(s) Included
Cast Style	<input type="checkbox"/> Wrap	<input type="checkbox"/> 2 Piece (bi-valve)	<input type="checkbox"/> Multiple Pieces	<input type="checkbox"/> Other
Observation	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Damaged	<input type="checkbox"/> Tight	<input type="checkbox"/> To Low <input type="checkbox"/> Flimsy (too thin)
Cast Marks	<input type="checkbox"/> Outside Marks	<input type="checkbox"/> Outside Verticals	<input type="checkbox"/> Outside Information	<input type="checkbox"/> Inside Marks
Position	<input type="checkbox"/> Neutral	<input type="checkbox"/> Plantar Flexed	<input type="checkbox"/> Dorsi Flexed	<input type="checkbox"/> Inverted <input type="checkbox"/> Everted
	<input type="checkbox"/> Not enough weight	<input type="checkbox"/> Flat Plantar surface	<input type="checkbox"/> Used Cast Board	<input type="checkbox"/> Severe Deformity
Other	<input type="checkbox"/> Tracings Included	<input type="checkbox"/> Included PF	<input type="checkbox"/> Inserts Included	<input type="checkbox"/> Soling Material Included

OTHER INFORMATION FOR LAB USE ONLY

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