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www.fdmotion.com

Lab to Call Doctor: Date _____

Date Received in Lab: _____

**CONTROLLER
BRACE
ORDER FORM**

Patient Name: _____

M F DOB: ____/____/____

Height: _____ Weight: _____

Left Foot Right Foot Bilateral

Diagnosis: _____

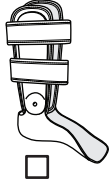
Doctor's Name: _____

Doctor's Address: _____

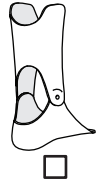
City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

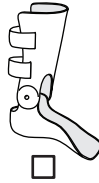
Email: _____



2 Open Uprights



Enclosed Posterior



Enclosed Anterior

Clinical Indicators

- Flat Foot
- Post Injury
- Ankle Instability
- Mild Pronation/Supination

Suggested HCPCS Codes

- L1970
- L2820
- L1932 (Anterior Enclosed)

Benefits

- Improves stance phase stability, facilitates swing phase clearance, lessens medial & lateral ankle instability.

Corrections & Posting

Intrinsic Corrections

Build as Cast (Do not put into Neutral)

OR

Forefoot

- Neutral (Standard)
- Varus _____ Degrees
- Valgus _____ Degrees

Rearfoot

- Neutral (Standard)
- Varus _____ Degrees
- Valgus _____ Degrees

Ankle

- Neutral (Standard)
- Varus _____ Degrees
- Valgus _____ Degrees

Extrinsic Posting

- Extrinsic Heel Post
- Neutral
- Varus _____ ° (R / L / BL)
- Valgus _____ ° (R / L / BL)
- Heel Lift _____ mm. (R / L / BL)

Shell

Shell

- Semi Flex (3 mm Polypro) (Standard)
- Rigid (5 mm Polypro) (Patients 200+ lbs)
- Carbon Fiber (Additional \$70)

Foot Plate Length

- Meta (Standard)
- Sulcus Length
- Full Length

Total Brace Height

- 21cm (Standard)
- 26cm

Brace Heel Cup

- 15mm deep
- 25mm deep (Standard)
- 35mm deep

Shell Color

Black

Brace Construction

Articulating Joint

Pivoting Hinge

Closure/Padding

Closure

Velcro Straps

Interior Padding

- 3 mm EVA (Standard)
- None
- Neoprene Leg Pads

Padding Length

- Meta Length (Standard)
- Sulcus Length
- Full Length

Accommodations

Removable Orthotic

- Removable Custom Orthotic Built into Brace (Additional \$100)
- Semi-Rigid Shell
- EVA Top Cover (3mm)
- EVA Bottom Cover (1mm)

Order Options

Rush Order

- 5 Day Fabrication Rush \$100.00

Shipping

- Next Day \$100.00

Please Mark Areas to Offload / Additional Comments



Measurements

Foot Length (L): _____mm

Ball Width (W): _____mm

Ball Girth (B): _____mm

Instep Girth (I): _____mm

Heel Girth (HG): _____mm

Heel Width (HW): _____mm

Lower Leg Circumference (C) (20 cm from ground): _____mm

