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Lab to Call Doctor: Date Date Date Received in Lab:	BALANCE BRACE ORDER FORM	Patient Name:
Doctor's Name: Doctor's Address: City: State: Phone: Fax: Email:	Zip:	Height: Weight: Bilateral Diagnosis:



Clinical Indicators

- Balance Issues
- Dropfoot
- Stroke
- Gait Instability

<u>Suggested</u> **HCPCS Codes**

L1940

L2330 L2820

Benefits

• Helps patients avoid falls by reducing postural sway and reinforces weak and/or fatigued ankle/foot.

Corrections & Posting	<u>Shell</u>	Closure/Covering/Padding	<u>Accommodations</u>
Intrinsic Corrections Build as Cast (Do not put into Neutral) OR Forefoot Neutral (Standard) Varus Degrees Valgus Degrees Neutral (Standard) Varus Degrees Neutral (Standard) Varus Degrees Valgus Degrees Valgus Degrees Ankle Neutral (Standard) Varus Degrees Degrees	Semi Flex (3 mm Polypro) (Standard) Rigid (5 mm Polypro) (Patients 200+ lbs) Carbon Fiber (Additional \$70)	Closure Velcro Straps Covering Vinyl with Breathable Black Mesh Interior Lining (Standard) Black Blue Tan Leather with Thin Leather Interior Lining (Additional Charge) Black Tan Interior Padding 3mm Poron Padding Length Meta Length (Standard) Sulcus Length	Removable Orthotic Removable Custom Orthotic Built into Brace (Additional \$100) Semi-Rigid Shell EVA Top Cover (3mm) EVA Bottom Cover (1mm)
		☐ Full Length	Order Options
Extrinsic Posting Extrinsic Heel Post Neutral Varus (R / L / BL) Valgus (R / L / BL) Heel Lift (M / L / BL)			Rush Order ☐ 5 Day Fabrication Rush \$100.00 Shipping ☐ Next Day \$100.00
Please Mark Areas to Offload /	Additional Comments	Meacurements	



Foot Length (L):mm		
Ball Width (W):mm		C
Ball Girth (B):mm	≺ \ \\	
Instep Girth (I):mm	•	
Heel Girth (HG):mm		
Heel Width (HW):mm	←→	8 MG
Lower Leg Circumference (C) (20 cm from ground):mn	HW	L