

# The Wellington Leather Gauntlet



Date: \_\_\_\_\_ P.O #: \_\_\_\_\_  
 Account Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**PATIENT INFORMATION:**  
 Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: M or F  
 Weight: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Shoe Size: \_\_\_\_\_  
 RIGHT  LEFT  BILATERAL

**Height:**  5"  7" (Standard)  9"  
 Other \_\_\_\_\_  
**Color:**  Black  Taupe  
**Closure:**  
 Lace w/ top Velcro Strap (Std.)  
 Lace Only  
 Velcro Only  
**Heel Cut Out:**  No (Std.)  Yes, In Shell Only  
**Plastic Shell:**  
 Semi Rigid (Std.)  Flexible

**SHIP TO (if different from billing address)**  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Edema Closure (Additional Charge)  
**Brace Modification Options:**  
 Navicular Relief  
 Styloid 5th Met  
 Other: \_\_\_\_\_

**Cast Correction:**  
 90°  
 \_\_\_\_\_°  Dorsiflexion  Plantarflexion  
 Do Not Correct

**SPECIAL INSTRUCTIONS:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Hind Foot Subtalar:**  Neutral  Do not Correct  
**Forefoot Alignment:**  Neutral  Do Not Correct

**\*TANDEM OPTION:**  
 Tandem with removable orthotic  
 Functional  Accomodative  
 Make Same Orthotic for Opposite Foot

