

The Wellington Leather Gauntlet



Date: _____ P.O #: _____
 Account Name: _____
 Billing Address: _____

 City: _____ State: _____
 Zip: _____
 Phone: _____
 Fax: _____
 Email Address: _____

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

PATIENT INFORMATION:
 Name: _____
 Age: _____ Sex: M or F
 Weight: _____
 Diagnosis: _____
 Shoe Size: _____
 Type of Shoes: _____

SPECIAL INSTRUCTIONS:

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

Height: 5" 7" (Standard) 9"
 Other _____
Color: Black Taupe

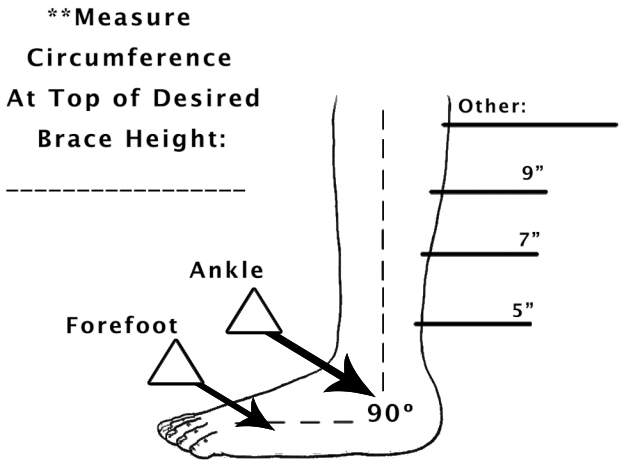
Cast Correction:
 90°
 _____° Dorsiflexion Plantarflexion
 Do Not Correct

Closure:
 Lace w/ top Velcro Strap (Std.)
 Lace Only
 Velcro Only

Hind Foot Subtalar: Neutral Do not Correct
Forefoot Aligment: Neutral Do Not Correct

Heel Cut Out: No (Std.) Yes, In Shell Only

Plastic Shell:
 Semi Rigid (Std.) Flexible
 Edema Closure (Additional Charge)



Brace Modification Options:
 Navicular Relief
 Styloid 5th Met
 Other: _____