



Date \_\_\_\_\_

Patient: \_\_\_\_\_

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Side:  LEFT  RIGHT  BILATERAL

**ORTHOTICS:**

Custom  Off-The-Shelf

Ankle Foot Orthosis (AFO)

Ankle Gauntlet

Ankle Stirrup

Arizona AFO

Carpal Tunnel Splint

Cervical Collar Rigid

Crow Boot

Custom Foot Orthotics

Hinged Knee Orthosis

Humeral Fracture Brace

IROM Elbow

Settings: \_\_\_\_\_

IROM Knee Brace

Settings: \_\_\_\_\_

Jewitt/CASH Brace

Knee Immobilizer

Knee-Ankle-Foot Orthosis (KAFO)

Lumbar Sacral Orthosis (LSO) Rigid

PF Night Splint

Ritchie AFO Brace

Supra-Malleolar Orthosis

Short Walking Boot-Pneumatic

Short Walking Boot-Non-Pneumatic

Tall Walking Boot-Pneumatic

Tall Walking Boot-Non-Pneumatic

Thoracic Lumbar Sacral Orthosis

(Rigid)(TLSO)

**PROSTHETICS:**

K-Level:  1  2  3  4

Above Elbow  Below Elbow

Above Knee  Below Knee

Definitive Prosthesis

Hip Disarticulation

Myoelectric Prosthesis

Prosthetic Supplies  
(Liners/Socks/Sleeves/Shrinkers)

Replacement Socket

Temporary Prosthesis

Other: \_\_\_\_\_

**PEDIATRICS:**

Pediatric Bracing

Pediatric Orthotics

Cranial Remolding Helmet

Other: \_\_\_\_\_

**SHOES & INSERTS:**

Diabetic Shoes & Custom Inserts

Diabetic Shoes & OTS Inserts

Custom Molded Diabetic Shoes  
& Custom Inserts

Arch Supports - Custom Molded

**Special Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NPI#:
Dr. Name (Printed)
Signature <span style="float: right;">Date</span>