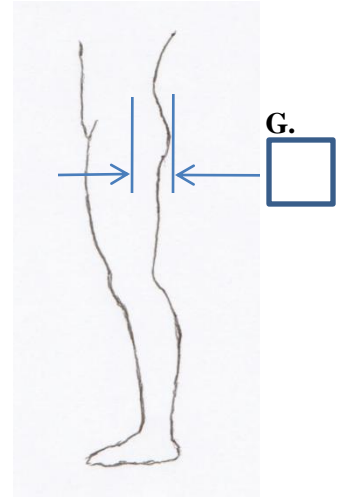


- A. Xiphoid to center of rotation of Hip
- B. Hip Center of rotation to Knee center of rotation
- C. Knee center of rotation to floor
- D. ML Hip
- E. Circumference of mid calf
- F. Circumference of mid thigh
- G. AP of center of rotation of Hip to buttocks



**O&P Facility Name:** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**PO number:** \_\_\_\_\_

**Patient Information:** Please fill out completely so we may send you the proper components to enable you to fabricate the custom Orthotic

**Name:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Shoe size:** \_\_\_\_\_

**InSeam:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Gender:** M / F

**Orthotists Name:** \_\_\_\_\_

**Date Needed for fitting** (allow 4-5 days manufacture + shipping from FL): \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Parent Phone:** \_\_\_\_\_

**Referring Dr.:** \_\_\_\_\_

**Therapists Name:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**Send Foot Plates ASAP Y/N**

**Head Rest option Y/N**

**Head Pad option Y/N**

**Heavy Duty Joint Bars (3/8") request Y/N**

**Tracing Included Y/N**

**Tibias Casted Y/N**