

**FOR ORTHOTISTS ONLY**



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**Perfect Response Orthotic® and PRO Insole™ Order Form**

**Patient Information**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Specify Sides(L/R/B) \_\_\_\_\_  
Date of Cast: \_\_\_\_\_

**Orthotic Information**

- Perfect Response Orthotic® (PRO)
- PRO Insole™
- PRO Prep (Must be ordered with PRO)
- PRO KAFO

**Facility Information**

Practitioner: \_\_\_\_\_  
Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Referring Therapist**

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

**Shipping Information**

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

**Special Instructions**

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

**Casting Information**

We cannot over-emphasize enough the importance of a cast meeting our specifications. The less modifications and cast correction that is required for a cast to meet our position standards, the better the brace will fit and perform. If a cast is taken and it does not meet the specifications as indicated in your casting video, and if it requires major cast modifications, please recast the patient. Please recast the patient if the ankle is in more than 5 degrees plantarflexion, if the hindfoot is in a varus position, if the forefoot

is in a position toward inversion, or if the toes are curled or not fully enclosed in cast.

**Casting Specifications**

- Cast the ankle in 5-10 degrees dorsiflexion
- Position toes in at least 20 degrees extension
- Keep the hindfoot neutral (some patients with a strong tendency toward inversion can be casted with their calcaneus toward valgus)
- Cast with the forefoot and midfoot positioned in the corrected eversion position
- Cast coverage should encompass the belly of the calf. For PRO Insole™ cast coverage should encompass patient's malleoli. Please cast just past the toes so an accurate footbed can be fabricated.

**Construction & Features**

- Brace Height-** Indicate desired height on cast (2/3 leg height recommended)  
**Straps-** If additional strapping is needed please indicate in special instructions if a midfoot or forefoot(mp) strap is needed.  
**Ankle Joints-** Select the strength of dorsiflexion assist desired
- Tamarack L75 - 75 Durometer
  - Tamarack L85 - 85 Durometer
  - Tamarack L95 - 95 Durometer

**Cast Correction (Must be completed)**

**Ankle Alignment (Plantarflexion/Dorsiflexion)**

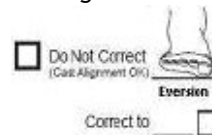
- Do not correct
- Correct to \_\_\_\_\_

**Hindfoot Alignment**

- Do not correct
- Correct to neutral

**Forefoot Alignment**

Below indicate height of 5<sup>th</sup> met head desired



**Toes**

- Do not correct
- Correct to \_\_\_\_\_

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WITHIN 48 HOURS OF RECEIPT OF YOUR ORDER, WE WILL FAX AN ESTIMATE AND EXPECTED SHIP DATE