

PATIENT INFORMATION

Patient: _____
 Age: _____ Sex: _____ Height: _____ Weight: _____
 Diagnosis: _____

ORDER INFORMATION

PO#: _____ Order Type: DCO BCO

Warranty Information
 Diagnostic Check Orthosis (DCO) Yes No
 If no, please sign > _____
I understand the BCO AFO / KAFO will not be covered by the fit warranty if a DCO is not ordered.
 Signature _____ Date _____

PRACTITIONER SHIPPING INFORMATION

Facility: _____
 Clinician: _____
 Address: _____
 City: _____
 State/Province/Region: _____ Zip: _____
 Country: _____
 Phone (Office): _____ Phone (Cell): _____
 Fax: _____ Email: _____

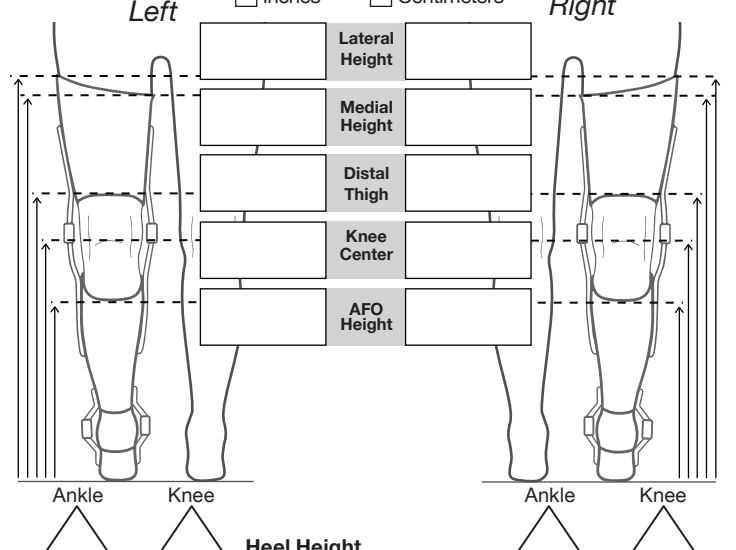
DEVICE SELECTION

 BCO Lite <input type="checkbox"/> KAFO <input type="checkbox"/> AFO <input type="checkbox"/> Left <input type="checkbox"/> Right	 BCO Shadow <input type="checkbox"/> KAFO <input type="checkbox"/> AFO <input type="checkbox"/> Left <input type="checkbox"/> Right	 BCO Max <input type="checkbox"/> KAFO <input type="checkbox"/> AFO <input type="checkbox"/> Left <input type="checkbox"/> Right
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MEASUREMENTS

Height Measurements
 Inches Centimeters

Left	Lateral Height	Right
Medial Height	Distal Thigh	Knee Center
AFO Height	Heel Height	




FOREFOOT ALIGNMENT (VARUS/VALGUS)

Select Finished Alignment:

Right: Valgus _____° Varus _____° Neutral* Neutral*

Left: Varus _____° Valgus _____° Neutral* Neutral*

Toe Out:



Toe Out Angle:
 (+) Toe Out
 (-) Toe In
 Left: _____
 Right: _____

Ankle Joint Alignment
 Mechanical* Other: _____
 Anatomical

CAST CORRECTION

<p>Sagittal Ankle Correction Ankle Alignment (dorsiflexion/plantarflexion) <input type="checkbox"/> Do not correct <input type="checkbox"/> Correct to 4° DF* <input type="checkbox"/> Correct to _____° <input type="checkbox"/> DF <input type="checkbox"/> PF</p>	<p>Sagittal Knee Correction <input type="checkbox"/> Do not correct <input type="checkbox"/> Correct to Neutral* <input type="checkbox"/> Correct to: _____° <input type="checkbox"/> Flexion <input type="checkbox"/> Extension</p>
<p>Coronal Hindfoot Alignment <input type="checkbox"/> Do not correct <input type="checkbox"/> Correct to vertical* <input type="checkbox"/> Correct to _____° <input type="checkbox"/> Varum <input type="checkbox"/> Valgum</p>	<p>Coronal Knee Correction <input type="checkbox"/> Do not correct* <input type="checkbox"/> Correct to Neutral <input type="checkbox"/> Correct to: _____° <input type="checkbox"/> Varum <input type="checkbox"/> Valgum</p>

Note: If you don't choose an option, the * (default) option will be selected for you.

SHELL CONFIGURATION

Please check the appropriate box to select finish trimlines



Footplate Length

- Full Foot Length***
- Sulcus Length

Footplate Control

- Full Control***
- Long Medial (Supination Control)
- Long Lateral (Pronation Control)
- Molded Inner Boot

Ankle Control

- Medial Supramalleolar Flare
- Lateral Supramalleolar Flare

Knee Control

- None***
- Medial Condylar Extension
- Lateral Condylar Extension

Liners / Padding / Inserts

- None***
- Extra Navicular Padding
- Plantar Footplate
- Calf Section
- Thigh Section

Footplate Material

- Polypropylene***
- Composite

Footplate Stabilization

- None***
- Heel
- Forefoot
- Heel Lift Height _____

Shells

- None
- Interlocking Polypropylene (custom)
- Telescoping
 - Calf
 - Thigh

Straps

- Standard Straps with Pads***

Telescoping Shell

- Calf Section
- Thigh Section

Tongue

- Calf Section
- Thigh Section

JOINT SELECTION

Ankle Joints

- Solid Ankle
- Standard Action
 - No Motion
 - Stop Motion _____° DF _____° PF
 - Free Motion
- Dorsiflexion Assist
- Double Action
 - Titanium (Extra Charge)
- Other (Specify) _____

Knee Joints

- Free Motion
 - Posterior Offset
- Ring Lock
 - Posterior Offset
 - Ball Catch
- Lever Lock
- Ratchet Lock
- Release System
 - Bail
 - BLISS
 - HD Lever
- Other (Specify) _____

Bar Material

- Aluminum
- Stainless Steel

SPECIAL INSTRUCTIONS