

**PATIENT INFORMATION**

 Patient: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

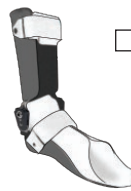
**PRACTITIONER SHIPPING INFORMATION**

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


**ORDER INFORMATION**

PO#: \_\_\_\_\_

**DEVICE SELECTION**

 **Triple Action® AFO**  
 Left  
 Right

 **Triple Action® AFO with Molded Inner Boot**  
 Left  
 Right

**MEASUREMENTS**
 **Finished Height** \_\_\_\_\_  
 **Anatomical Ankle M/L** \_\_\_\_\_

**FOREFOOT ALIGNMENT (VARUS/VALGUS)**
**Select Finished Alignment:**

  
 Valgus \_\_\_\_\_°    Varus \_\_\_\_\_°    **Neutral\***    **Neutral\***    Varus \_\_\_\_\_°    Valgus \_\_\_\_\_°

**Ankle Joint Alignment**
 **Mechanical\***    Other: \_\_\_\_\_  
 Anatomical

**CAST CORRECTION**
**Sagittal Ankle Correction**

 Ankle Alignment (dorsiflexion/plantarflexion)  
 Do not correct  
 **Correct to 4° DF\***  
 Correct to \_\_\_\_\_°    DF    PF

**Coronal Hindfoot Alignment**
 Do not correct  
 **Correct to vertical\***  
 Correct to \_\_\_\_\_°  
 Varum    Valgum

**TRIMLINE SELECTION**
**Footplate Length**
 **Full Foot Length\***  
 Sulcus Length

**Footplate Control**
 **Full Control\***  
 Long Medial (Supination Control)  
 Long Lateral (Pronation Control)

**Ankle Control**
 **None\***  
 Medial Supramalleolar Flare  
 Lateral Supramalleolar Flare

**Liners / Padding / Inserts**
 **None\***  
 Extra Navicular Padding  
 Plantar Footplate  
 Calf Section

**Material**
 **Polypropylene\***  
 Copolymer

**Footplate Stabilization**
 **None\***  
 Heel  
 Forefoot  
 Heel Lift   Height \_\_\_\_\_

**Strap Color**
 **White\***  
 Other: \_\_\_\_\_

**Transfer Pattern**
 **No Transfer\***  
 Transfer Options

available at  
 BeckerOrthopedic.com/  
 Education/OrthometryForms

Model # \_\_\_\_\_

**JOINT SELECTION**
**Size**
 A (100 - 240 lbs)  
 B (65 - 220 lbs)  
 C (30 - 110 lbs)

**Side**
 **Lateral\***  
 Medial

**Booster Springs**
 None  
 Dorsiflexion Resist  
 Plantarflexion Resist


Product Information

*\*Refer to Triple Action Product Manual to select number of components and booster springs.*
**SPECIAL INSTRUCTIONS**
**Note: If you don't choose an option, the \* (default) option will be selected for you.**