QUALITY O&P
TECHNICAL SERVICES

721 Anderson St, McKinney, TX 75069
214-475-0381

Office: _____

Date In: Date Due:

Patient: **Sulcus Bar:** ❒ Yes ❒ No

❒ Right ❒ Left ❒ Bilateral ❒ Supinator ❒ Pronator ❒ Neutral

Device Height: _____

Foot Length: _____

Correct Cast ❒ Yes ❒ No **NOTES:**

Correct cast to:

Transfer Paper ❒Yes ❒ No

Plastic
❒ Co-Poly ❒Polypropylene
❒Mod ❒ Other:

Thickness
❒ 1/4 ❒ 5/32 ❒ 3/16
❒ 1/8 ❒3/32 ❒ 1/16

Pattern:

Device
❒KAFO
❒AFO
❒SMO
❒UCB

Calf Pad ❒ Yes ❒ No ❒ Puff ❒ Aliplast

Pad Calf Section ❒1/4 ❒1/2 ❒3/4 ❒ Full Calf

Pad Entire Device ❒ Aliplast ❒ Puff

❒Articulated
❒ Solid
❒ Posterior Leaf
❒ Floor Reaction

Inner Boot
❒Puff Inner Boot
Puff Color: _____
❒Plastic Inner Boot
❒Proflex ❒Mod
❒Polypropylene

Ankle Joint
❒Tamarack
(S) (M) (L)
❒Dorsi Assist
❒Free Motion
❒Other:

Poserior Stop
❒ 90° Stop
❒ Posterior Stop
❒ No Stop
❒Adj. P Stop (S) (L)
❒Other:

❒ **Arch Support Insert**
❒ Dual-lam ❒ Tri-lam ❒Puff ❒Cork

Strap Color
❒ White ❒ Red ❒ Hot Pink ❒ Green
❒ Black ❒ Grey ❒ Pink ❒ Orange
❒ Blue ❒ Purple ❒Olive Green ❒ Yellow

Anterior Shell
❒Mod ❒Full Length
❒Firm Puff ❒ Tibia

Upper Strap
❒ 1”
❒ 1.5”
❒ 2” Black/White Only

Attach Strap
❒ Medial
❒ Lateral

Type of Closure
❒Chafe ❒ Wrap Around
❒ Elastic
❒ Non Elastic
❒Velcro

Night Stretch Strap
❒ Non Elastic ❒ Removable
❒ Elastic ❒ Permanent

Supra-Malleoli Strap
❒Elastic
❒Velcro

Attach Strap
❒ Medial ❒ Internal
❒ Lateral ❒ External

Posterior Strap
❒Adj.Check Strap
❒Other:

Dacron Reinforced
❒ Upper Strap
❒ Lower Strap

Ankle Strap
❒ 3/4” Black/White Only
❒ 1”
❒1.5”

Attach Strap
❒ Medial ❒Internal
❒ Lateral ❒External
❒Slot Plastic

Type of Closure
❒ Chafe
❒ Velcro to S.A Hook
❒ Figure 8

Anterior Chip
❒Soft Puff
❒Firm Puff

Instep/Mid Foot Strap
❒ 1” ❒Elastic
❒ 1.5” ❒Velcro

Attach
❒ Medial ❒ Internal
❒ Lateral ❒ External

Forefoot Strap
❒Elastic
❒Velcro

Attach
❒ Medial ❒ Internal
❒ Lateral ❒ External

Special Instructions:

QTS USE ONLY
Cast Mod _____ Tech _____
Cast Fill _____ Date _____

Practitioner:



