

PARTIAL FOOT Order Form

2801 Dodds Ave., Unit 103
Chattanooga, TN 37407
P: 423-617-0901 F:423-661-7473
E-Mail form to: SmartFAB@allardusa.com



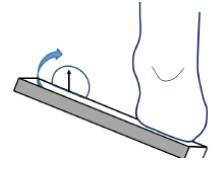
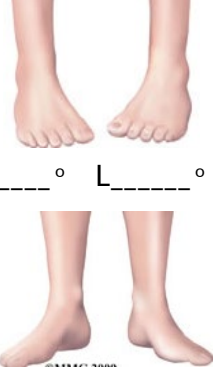
Ship your cast/crush box
and patient shoe to above address

	SHIP TO:	BILL TO: <input type="checkbox"/> Same as ship to
Account #:	_____	_____
Name:	_____	_____
Address 1:	_____	_____
Address 2:	_____	_____
City/ST/Zip:	_____	_____

P.O. # _____ Phone _____ Fax _____ Email _____
Contact _____ Phone _____ Email _____

Patient ID: _____ HT: _____ WT: _____ Sound Foot Length: _____
 Shoe included with cast/crush box (Highly recommended). *If not:*
 Shoe size _____ Brand _____ Shoe insert tracing included

AMPUTATION
 Left Right
 Great Toe TMA
 Lisfranc Chopart

STANDING LIMB LENGTH	CALCANEAL ANGLE (Weight Bearing)	ROM (Weight Bearing)	TOE-IN / TOE-OUT
 <p>Fibular Head To Floor</p> <p>R _____ L _____ <input type="checkbox"/> cm <input type="checkbox"/> in</p>	 <p><input type="checkbox"/> 25° <input type="checkbox"/> 20° <input type="checkbox"/> 15° <input type="checkbox"/> 10° <input type="checkbox"/> 5° <input type="checkbox"/> 0°</p>	 <p><input type="checkbox"/> 25° <input type="checkbox"/> 20° <input type="checkbox"/> 15° <input type="checkbox"/> 10° <input type="checkbox"/> 5° <input type="checkbox"/> 0°</p>	 <p>R _____° L _____° R _____° L _____°</p>

ALLARD AFO & INTERFACE CHOICE

AFO: BlueROCKER® 2½ ToeOFF® 2½
 ToeOFF® Flow 2 ½ (Please call to discuss)
 Straps: D-Ring Wrap-Around
 Interface: SoftKIT™
 Add'l Cost: ComfortKIT™ or CoverKIT™
 Distal Cushion (add'l cost): Yes No

SHIP VIA (UPS is default)

Cust. Pick Up Next Day Early AM
 Ground 2-Day
 Next Day Saver 3-Day

Use my carrier: _____ Acct. # _____

SPECIAL INSTRUCTIONS: _____

