

New York Orthopedics Corp.

Manufacturing 1118 Longwood Avenue 2nd fl. * Bronx * New York * 10474

Phone: 718.618.7292 Fax: 718.618.0733

NEUROPATHIC WALKER ORDER FORM

FACILITY NAME:

Purchase Order #

Date: / /

American Account #

SHIP ADDRESS:

BILL ADDRESS:

City: State: Zip:

City: State: Zip:

Tel # Fax #

Tel # Fax #

Contact: Title:

Contact: Title:

Fax Order Acknowledgment To The Shipping Address

Fax Order Acknowledgment To The Billing Address

Fax Additional Acknowledgment To:

Title: Fax # ()

PATIENT NAME:

Male Female Weight: Age:

Activity level: Non Ambulatory Low / transfer Medium High / active Occupation:

Currently Wearing Custom Shoes Company: Height: Information:

Rx / Diagnosis:

STYLE:

COLOR: BLACK DARK BROWN OTHER _____

CLOSURE: ALL LACES ALL VELCRO HOOKS

TOTAL CONTACT STRAPS WITH AFO PADS _____
(# OF PADS)

HEIGHT: 6" 10" 15" OTHER: _____
(MEASURED FROM THE BASE OF THE HEEL TO THE TOP OF THE COLLAR)

TONGUE: INCLUDE REINFORCED ANTERIOR SHELL TONGUE ?

YES NO

SOLING: INCLUDE S.A.C.H. HEEL AND ROCKER SOLE ?

YES NO

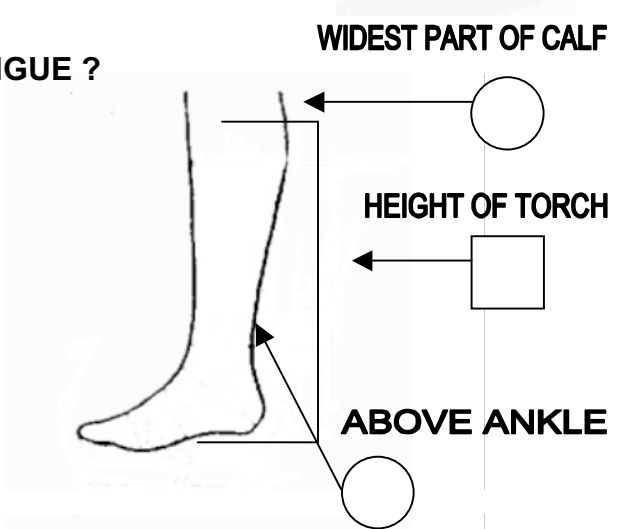
INSERT: 1/4" PINK 1/8" PORON® 1/4" E.V.A.

OTHER: _____

CAST MODIFICATIONS: NONE (AS CASTED)

CORRECT ANKLE TO 90 DEGREES: AP ML BOTH

FOREFOOT: CORRECT TO 90° AS CASTED
 EXTRA HIGH TOE BOX STANDARD TOE BOX HEIGHT
 EXTRA TOE ELONGATION STANDARD TOE ELONGATION
 DEPRESS AS MARKED



SPECIAL INSTRUCTIONS

WE WILL ACCOMMODATE ANY SPECIAL REQUEST AS CLOSELY AS POSSIBLE; JUST INDICATE SPECIAL MODIFICATION OR OPTION BELOW.

- | | | |
|--|---|--|
| <input type="checkbox"/> SHIP NEXT DAY UPS | <input type="checkbox"/> SHIP SECOND DAY UPS | <input type="checkbox"/> SHIP GROUND UPS |
| <input type="checkbox"/> SEND ___ CATALOGS | <input type="checkbox"/> SEND ___ ORDER FORMS | <input type="checkbox"/> SEND ___ UPS LABELS |

CASTING INFORMATION FOR LAB USE ONLY

Cast Material	<input type="checkbox"/> Plaster	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Synthetic Sock		
Cast Information	<input type="checkbox"/> Duplicate Cast	<input type="checkbox"/> Shoe last	<input type="checkbox"/> Shoe to pour	<input type="checkbox"/> Caliper Plate Or Stirrup Included	
	<input type="checkbox"/> Casted over AFO	<input type="checkbox"/> AFO Included	<input type="checkbox"/> Metal Brace Included	<input type="checkbox"/> Duplicate shoe(s) Included	
Cast Style	<input type="checkbox"/> Wrap	<input type="checkbox"/> 2 Piece (bi-valve)	<input type="checkbox"/> Multiple Pieces	<input type="checkbox"/> Other	
Observation	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Damaged	<input type="checkbox"/> Tight	<input type="checkbox"/> To Low	<input type="checkbox"/> Flimsy (too thin)
Cast Marks	<input type="checkbox"/> Outside Marks	<input type="checkbox"/> Outside Verticals	<input type="checkbox"/> Outside Information	<input type="checkbox"/> Inside Marks	
Position	<input type="checkbox"/> Neutral	<input type="checkbox"/> Plantar Flexed	<input type="checkbox"/> Dorsi Flexed	<input type="checkbox"/> Inverted	<input type="checkbox"/>
	<input type="checkbox"/> Not enough weight	<input type="checkbox"/> Flat Plantar surface	<input type="checkbox"/> Used Cast Board	<input type="checkbox"/> Severe Deformity	
Other	<input type="checkbox"/> Tracings Included	<input type="checkbox"/> Included PF	<input type="checkbox"/> Inserts Included	<input type="checkbox"/> Soling Material Included	

OTHER INFORMATION FOR LAB USE ONLY

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