



# New York OMC STI Tamarack Prescription Order Form

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Date: \_\_\_/\_\_\_/\_\_\_

### **Bill To:**

Account Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Casting Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Ship To:**

Ship To Same as Bill Address:

Ship To Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) Fax: ( )

P.O. #: \_\_\_\_\_

Patient Name: \_\_\_\_\_  Male  Female Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Activity Level:  Non Ambulatory  Low / Transfer  Medium  High / Active

Diagnosis:  Posterior Tibial Tendon Dysfunction (PTTD)  Degenerative Joint Disease  Severe Pronation

Trauma  Other: \_\_\_\_\_

Primary reason for the Device: \_\_\_\_\_

Clinical Observation:

Ankle:  Normal/Flexible  Limited  Fixed / Fused Forefoot:  Normal / Flexible  Limited  Fixed / Fused

Footwear:  Comfort  Athletic  Extra Depth  Custom Molded  Shoe Enclosed

**STI DYNAMIC:**  Left  Right  Bilateral

### **Forefoot Post:**

Varus  Valgus  Degrees \_\_\_\_\_

Use Lab Discretion

### **Rearfoot Post:**

Varus  Valgus  Degrees \_\_\_\_\_

Use Lab Discretion

**Cast Modifications:**  Use Lab Discretion

Ankle:  Correct to 90°  Leave as Casted

Forefoot:  Correct to Neutral  Leave as Casted

Please Call For Consult

### **Top Cover**

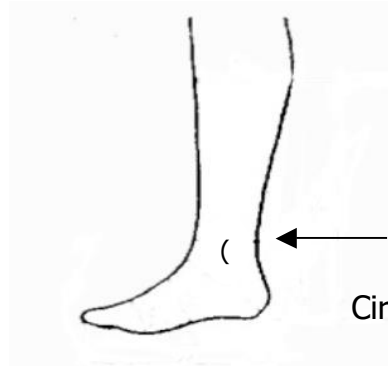
- Ebony
- EVA Swirl
- Spenco
- Plastazote / PPT

### **Top Cover Length**

- Met
- Sulcus
- Full

### **Pivot**

- Free Motion
- Dorsi-Assist



Circumference of Ankle

(Items Highlighted in Bold are Standard)

