

FOR OFFICE USE ONLY				
Date of Order				
Account #				
Order #				

## ANKLE GAUNLET WORK ORDER

	ANKLE GAUNLE			
SHIPPING ADDRESS:		BILLING ADDRESS:		
Name		Name		
Address		Address		
City	City State Zip		City State Zip	
Phone Number	Fax	Phone Nu	mber	Fax
PATIENT NAME:		MALE [	FEMALE WEIG	GHT AGE
Activity level: High  Rx / Diagnosis:	☐ Medium ☐ Low			
CAST MODIFICATION:	SUGGESTED MEASUF	REMENTS	HEIGHT*	FOOTPLATE LENGTH
NONE (as casted)	1.Circumference at top of AFC	*(from ground to top of poly shell)  5"		
☐ Anterial/Pasterial ☐ Medial/LateralGID	2.Circumference above ankle			☐TO MET HEADS ☐TO SULCUS
Both FORE FOOT CORRECT TO 90°	3.Circumference at met head	s	9"	FULL LENGTH
AS CASTED	☐ CUSTOM PADDED COLLAR		Other	
REINFORCEMENT:	HEEL:		LEATHER	LINING:
□LIGHT	REINFRCED (solid plastic heel)		COLORS:	☐ LEATHER ☐ PLASTIZOTE CLOSURE
SEMI-RIGID	NOT REINFORCED (Leather covered heel-no plastic)		☐ Brown ☐ White ☐ Boigo	☐ LACES ☐ VELCRO ☐ COMBINATION
□FIRM	OPEN		Beige Other	Other
	SPECIAL INSTRUCTION	IS:		