

# Isocentric Reciprocating Gait Orthosis (RGO)

Date \_\_\_\_\_ PO# \_\_\_\_\_ Patient Name \_\_\_\_\_  
 Male/Female \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ lbs. Height \_\_\_\_\_ ft. \_\_\_\_\_ in. \_\_\_\_\_  
 Diagnosis \_\_\_\_\_ Level \_\_\_\_\_  
 Orthotist \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Ship/Bill to Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel: 800.251.6398  
 Fax: 423.698.6076  
 2710 Amnicola Hwy  
 Chattanooga, TN 37406

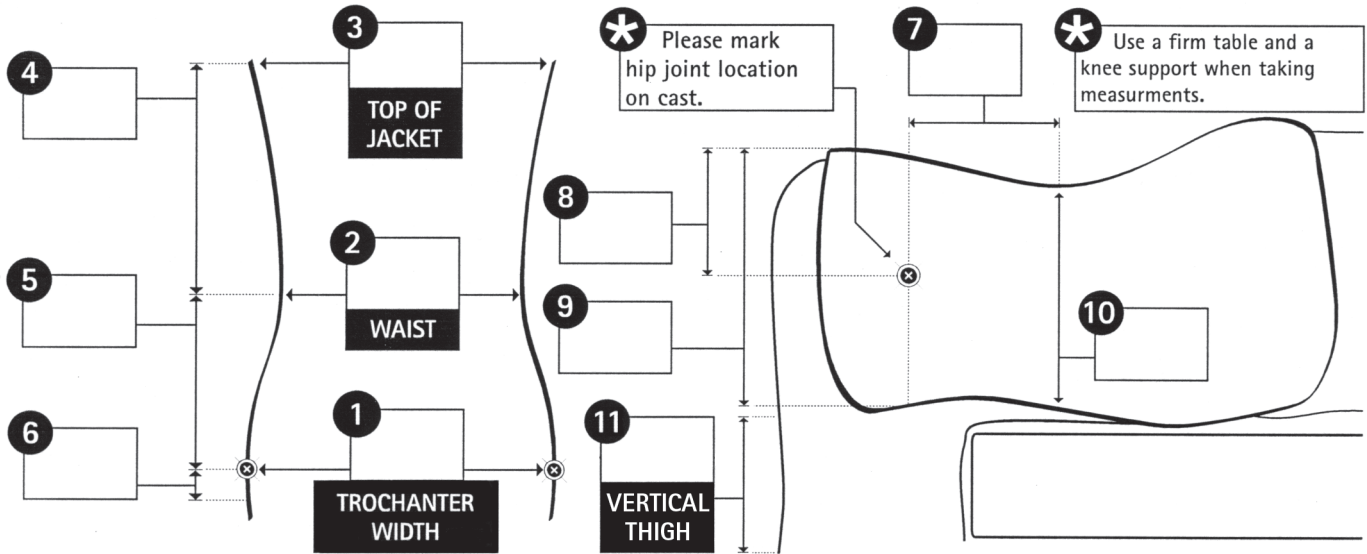
## Measurements

Fill out all 10 measurement boxes on this form. Measurements are needed even when you are sending a cast. If you need a custom design or expert advice please let us know.

**IMPORTANT:** Measurement #1 is very crucial for a good fit. Ultimately the measurement in box #1 determines the inside width of the body jacket.

Cast Included  No Cast

Measurements In:  Centimeters  Inches



## Options

<p><b>Spinal Support</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bivalved Body Jacket</li> <li><input type="checkbox"/> Posterior Shell Only</li> <li><input type="checkbox"/> Buttocks Pad Only</li> <li><input type="checkbox"/> Metal Only</li> <li><input type="checkbox"/> Permanently Attached</li> <li><input type="checkbox"/> Detachable</li> </ul> <p><b>Hip Joints</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Conventional                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Light <input type="checkbox"/> Small <input type="checkbox"/> Large</li> </ul> </li> <li><input type="checkbox"/> Preselected                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Small <input type="checkbox"/> Large</li> </ul> </li> <li><input type="checkbox"/> Abduction                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Small <input type="checkbox"/> Large</li> </ul> </li> <li><input type="checkbox"/> Quick Disconnect                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Small <input type="checkbox"/> Large</li> </ul> </li> <li><input type="checkbox"/> Push Button - Fillauer                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Small <input type="checkbox"/> Large</li> </ul> </li> <li><input type="checkbox"/> Drop Lock - COD</li> </ul> <p><b>Hip Joint Upper Bars</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Regular <input type="checkbox"/> Light <input type="checkbox"/> Small <input type="checkbox"/> Large</li> <li><input type="checkbox"/> Extra Long <input type="checkbox"/> Small <input type="checkbox"/> Large</li> </ul> <p><b>Lower Bars</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Regular</li> <li><input type="checkbox"/> Extra Long</li> </ul> <p><b>AFO's (Cast Above Knee Center)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standard AFO</li> <li><input type="checkbox"/> External AFO's</li> </ul>	<p><b>Plastic</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ABS                         <ul style="list-style-type: none"> <li><input type="checkbox"/> White <input type="checkbox"/> Black</li> </ul> </li> <li><input type="checkbox"/> Copoly                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Metal on Top <input type="checkbox"/> Metal Under</li> <li>Call for available colors</li> </ul> </li> </ul> <p><b>Chest Strap</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Tan <input type="checkbox"/> Rainbow</li> <li><input type="checkbox"/> With Optional Padded Front Panel</li> </ul> <p><input type="checkbox"/> <b>Extra Abdominal Strap</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Tan <input type="checkbox"/> Rainbow</li> <li><input type="checkbox"/> With Optional Padded Front Panel</li> </ul> <p><b>Connectors and Plates</b></p> <p><b>Plates</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standard Thickness</li> <li><input type="checkbox"/> Heavy Duty (large only) Optional</li> </ul> <p><b>Connector Type</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standard</li> <li><input type="checkbox"/> Easy Alignment Optional</li> <li><input type="checkbox"/> Heavy Duty</li> </ul> <p><b>Pelvic Band</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Regular</li> <li><input type="checkbox"/> Light Duty</li> </ul>	<p><b>Interface Liner</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pink Plastizote                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Single Layer</li> <li><input type="checkbox"/> Double Layer</li> </ul> </li> <li><input type="checkbox"/> White Aliplast                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Single Layer</li> <li><input type="checkbox"/> Double Layer</li> </ul> </li> </ul> <p><b>Knee Joints</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standard</li> <li><input type="checkbox"/> Heavy Duty Knee Joints 1/4 x 1"</li> <li><input type="checkbox"/> Extra Heavy Duty Knee Joints (3/8 x 1" Upper Bar)</li> </ul> <p>HC --&gt; KC = _____          KC --&gt; Floor = _____</p> <p><b>Contracture</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> <p><b>Shipping</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Next Day</li> <li><input type="checkbox"/> 2-Day</li> <li><input type="checkbox"/> 3-Day</li> <li><input type="checkbox"/> Standard Ground</li> </ul> <p><b>Extras</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ship Assembled (extra charge)</li> <li><input type="checkbox"/> Large Brace Surcharge (for torso sections larger than 15")</li> </ul>
--	--	--