

Fillauer Orthometry

Practitioner _____ Branch Name _____
 PO# _____ Date: _____ Ship Via: _____
 Address _____
 City _____ State _____ Zip _____

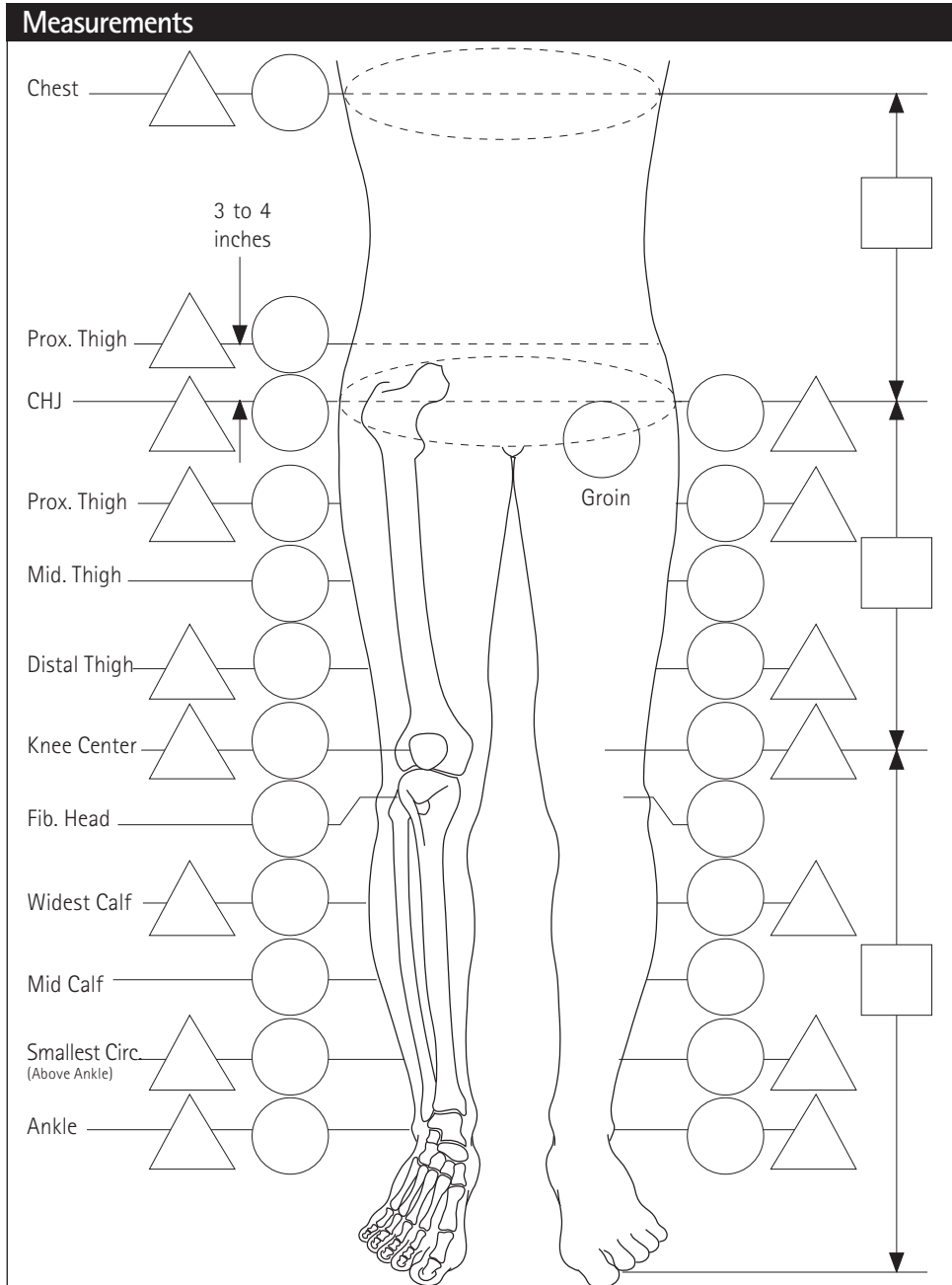
Fillauer LLC

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 Chattanooga, TN 37406



Patient Information

Patient's Name _____
 Age _____ Sex _____ Weight _____ Height _____
 Orthosis Requested _____
 Finish Complete Rough: _____



M-L at Met. Head Heel to Sulcus Total Foot Length (Weight Bearing) _____
 Degree of Toe Out: _____
 Right Left Bilateral

Options

Material

1/8" 3/16" 1/4"
 Copolymer Polypropylene
 LDPE HDPE TPE
 Other _____

LINER

Pe-Lite _____"
 Other _____"

Ankle Joints

PDA PDC Solid
 Dorsi Assist Universal
 Other _____

Size _____

MOTION

Free Double Action
 Limited Dorsiflexion Assist

POSITION

Plantar Dorsi 90°

STIRRUP

Split Solid

Knee Joints

Free Motion Drop Lock KCO
 Dial Lock Bail Lock
 Other _____

Bar Size _____

Fabrication Instructions

TRIM

PLS Solid Semi

FOOT PLATE

Full Tone Inhibitive
 Sulcus Metatarsal Head

PROXIMAL FLAIR

Yes No

TONGUES

Thigh Calf Both
 Material Type: Pe-Lite LDPE

CLAMSHELL

Polyethelene Polyprop TPE
 Place Anterior Place Posterior

PADS

Malleolus Metatarsal

Leather

Insert Only T-Strap Calf
 Distal Thigh Proximal Thigh
 Full Circumferential Leather

Correction: Valgus Varus

PRESSURE PADS

Ankle Pads: Lateral Medial
 Knee Pads: Lateral Medial

KNEE STRAPS

Knee Cap Knee Control

COLOR

Brown Beige Black