

# Dynamic Walk: Pediatric Custom Fabrication Order Form



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Company \_\_\_\_\_

Practitioner \_\_\_\_\_

Account No. \_\_\_\_\_

Phone \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Email \_\_\_\_\_

Address Line 2 \_\_\_\_\_

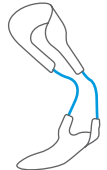
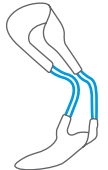
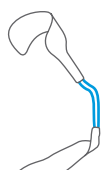
Patient ID \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Purchase Order \_\_\_\_\_

Diagnosis \_\_\_\_\_

## 700100100 Custom Dynamic Walk

<input type="checkbox"/> Standard (2 PEEK Rods) 	<input type="checkbox"/> Double Double (4 PEEK Rods) 
<input type="checkbox"/> Single Side Lateral  <input type="checkbox"/> Single Side Medial (2 PEEK Rods) 	

### Please specify:

- Right Foot    Left Foot    Bilateral

### Choose Options

- Carbon standard layup: same as custom fit version
- Reinforced foot plate for increased durability
- Reinforced calf band for increased durability
- Custom foot orthotic (+ \$40)
- Additional PEEK rods (+ \$50)
- SMO (+ \$75)

- Would you like us to contact you prior to fabricating the brace?

Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

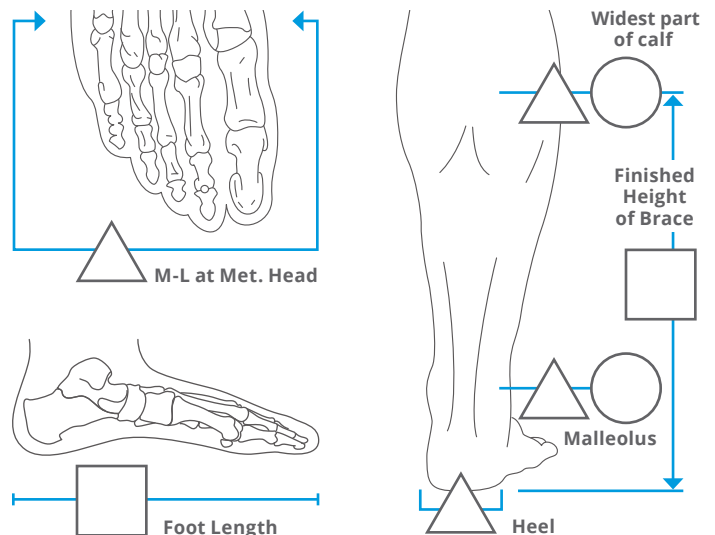
### Mold Type

**Negative cast, insole tracing, and measurement form preferred.**

- Positive cast
- Negative cast
- Modified positive cast
- 3D Scan (.stl, .xyz, .obj, .op3 file types accepted)

Please note that if non-standard trim lines are not indicated, then standard trim lines will be applied.

### Please fill in all of the measurements below



### Casting Instructions

- **Include a tracing of the Insole of the shoe to be used.**
- **Please mark the desired height of brace on the finished cast.**
- Patient should be weight bearing, standing straight with upright posture when casting. The calf needs to be at a 90° angle to the horizontal plane with the foot at the required heel height. The patient needs to be casted up to the tibial tuberosity.
- Please mark the pressure points or any areas we should avoid covering on the positive or negative cast.