

BILL TO:

Practitioner: _____

O&P Facility: _____ E-mail: _____

 Phone: _____ **Ship To (if different):** _____

 Address: _____ **Address:** _____

 City: _____ **City:** _____

 State: _____ Zip: _____ **State:** _____ **Zip:** _____

P.O.#
Shipping
Method:

- ☐ UPS Ground
☐ 3 Day Ground
☐ Blue
☐ Red
☐ Red Early

Patient : _____

Primary Dx: _____

Secondary Dx: _____

Height: _____ **Weight:** _____ **Age:** _____

MMT SCORE (circle one for each):	zero	1	2	3	4	normal
HIP Extensors.....	0	1	2	3	4	5
HIP Flexors.....	0	1	2	3	4	5
KNEE Extensors.....	0	1	2	3	4	5
KNEE Flexors.....	0	1	2	3	4	5
ANKLE Dorsiflexors.....	0	1	2	3	4	5
ANKLE Plantarflexors.....	0	1	2	3	4	5

Cast Correction
☐ **KNEE**

- ☐ Leave as casted
 (recommend 0° -5° flexion)
☐ To _____° Flexion
☐ To _____° Extension
☐ Valgus/varus to neutral

☐ **ANKLE**

- ☐ Leave as casted
☐ To 90°
☐ To _____° Plantarflex
☐ To _____° Dorsiflex
☐ Valgus/varus to neutral

☐ **FOREFOOT**

- ☐ Leave as casted
☐ Correct Adduction
☐ Correct Abduction
☐ Correct Supination

Ankle Joint Type
☐ **SOLID**
☐ **LEAF SPRING**
☐ **ARTICULATED**

- ☐ Oklahoma S, M, L, XL
☐ Tamarac Dorsi 75, 85
☐ Double Action
☐ Rods
☐ Springs

☐ Other: _____

Ankle Joint Stops

- ☐ 90° Stop (PP or equal)
☐ 90° Stop (screw post)
☐ Other: _____

Special/Other Instructions:
PLASTIC: ☐ White POLYPRO .187 ☐ Black

please record all measurements in inches

UltraflexSystemsInc.

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 Custom Fabrication Order Form **USS**