



Kings Ortho Solutions Inc

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FOR OFFICE USE ONLY

Date of Order _____

Account # _____

Order # _____

ANKLE GAUNLET WORK ORDER

SHIPPING ADDRESS:	BILLING ADDRESS:
_____ Name	_____ Name
_____ Address	_____ Address
_____ City	_____ City
_____ State	_____ State
_____ Zip	_____ Zip
_____ Phone Number	_____ Phone Number
_____ Fax	_____ Fax

PATIENT NAME: _____ ☐ MALE ☐ FEMALE WEIGHT _____ AGE _____

Activity level: ☐ High ☐ Medium ☐ Low

Rx / Diagnosis: _____

CAST MODIFICATION:	SUGGESTED MEASUREMENTS	HEIGHT*	FOOTPLATE LENGTH
<input type="checkbox"/> NONE (as casted)		<i>*(from ground to top of poly shell)</i>	
CORRECT ANKLE TO 90	1.Circumference at top of AFO _____	<input type="checkbox"/> 5"	<input type="checkbox"/> TO MET HEADS
<input type="checkbox"/> Anterior/Pasterial	2.Circumference above ankle _____	<input type="checkbox"/> 7"	<input type="checkbox"/> TO SULCUS
<input type="checkbox"/> Medial/LateralGID	3.Circumference at met heads _____	<input type="checkbox"/> 9"	<input type="checkbox"/> FULL LENGTH
<input type="checkbox"/> Both	<input type="checkbox"/> CUSTOM PADDED COLLAR	<input type="checkbox"/> as marked	
FORE FOOT		Other _____	
<input type="checkbox"/> CORRECT TO 90°			
<input type="checkbox"/> AS CASTED			

REINFORCEMENT:	HEEL:	LEATHER COLORS:	LINING:
<input type="checkbox"/> LIGHT	<input type="checkbox"/> REINFRCED (solid plastic heel)	<input type="checkbox"/> Black	<input type="checkbox"/> LEATHER
<input type="checkbox"/> SEMI-RIGID	<input type="checkbox"/> NOT REINFORCED (Leather covered heel-no plastic)	<input type="checkbox"/> Brown	<input type="checkbox"/> PLASTIZOTE
<input type="checkbox"/> FIRM	<input type="checkbox"/> OPEN	<input type="checkbox"/> White	CLOSURE
		<input type="checkbox"/> Beige	<input type="checkbox"/> LACES
		Other _____	<input type="checkbox"/> VELCRO
			<input type="checkbox"/> COMBINATION
			Other _____

SPECIAL INSTRUCTIONS:
