



GAUNTLET ORDER FORM

www.Simpleorthotics.com

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Practitioner _____ Date: ___/___/___

Address _____

Phone (____) _____ - _____

Patient Name _____

Age _____ Weight _____ Male _____ Female _____ Shoe Size _____ Shoe Type _____

Dx./Observations _____

Left Right Bi-Lateral

Color

- Black White Brown Tan Pink
- Beige Taupe Light Blue Black Dri-Lex Tan Dri-Lex

Closure

- Lace Lace w/Speed Hooks
- Velcro(3 Velcro Straps) Other _____
- Combo

(Lace W/Velcro
1" Velcro Strap)

Height (Height is from Floor to top of brace)

- 6" Padded Collar
- 7" Padded Collar
- 9" Padded Collar
- As Marked On Casts
- Gauntlet LLA

(Braces above 9" may incur additional fees)

Control

- Less (Flexible)
- Medium (Semi-Rigid)
- Maximum (Firm)
- Use _____

(Specify material of your choice)

Shell Length

- Met Heads
- Sulcus
- Full Foot
- As Marked

Extend leather & Padding To

- Sulcus
- Full Foot
- Other _____

Heel

- Solid
- Open Plastic/Leather Covered
- Open

Cast Preparation

- As Casted
- Correct Forefoot to Neutral
- Correct Ankle
- Varus/Valgus Dorsi/Plantarflexion

Note:

Please be sure that casts submitted are an accurate representation of the patients foot/leg alignment. Casts that are in extreme and preventable positions will be subject to an additional fee, for resources needed to modify the cast to a useable level.

Special Instructions