

If you are working with a rep, please complete  
 REP NAME: \_\_\_\_\_  
 REP PHONE: \_\_\_\_\_

PO: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_

**PATIENT INFORMATION**

Casting Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Female  Male

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diabetic  Yes  No

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SHIPPING TO**

Facility \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**BILL TO:**  (Mark if same as ship to)

Facility \_\_\_\_\_

Address \_\_\_\_\_

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

**BILLING CONTACT**

Phone \_\_\_\_\_

**CAST REQUIREMENTS**

To ensure an accurate final product, please include all measurements on this form. For best results, cast patient during the morning hours. Note any ulcerations/areas of concern on cast. Patient must be casted at 90°. Patient must be casted from toes to above the knee.

Calf Circumference: \_\_\_\_\_

Patella Tendon Height From Floor: \_\_\_\_\_

Right  Left  Bilateral

Shoe Size: \_\_\_\_\_

Specific Reason for Unloading: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RUSH ORDER** (Additional charges may apply)

**ORDER SELECTION**

Standard \$1400

Metatarsal Unloading Footplate No Charge



\*Custom modification will be made to footplate for metatarsal unloading allowing for touchdown pressure on non-effected areas of arch and ball of foot.

**SHIPPING METHOD**

Standard (No charge)


\*3 Day  \*2 Day  \*Next Day


\*Additional charges will apply

\*TOAD relies on your cast and measurements. Corrections and adjustments to order due to incorrect casting, measurements or volume changes due to edema may incur additional charges.  
 \*Any additional alterations to normal custom fabrication may incur extra charges.  
 \* Fabrication time is 5 – 7 business days.  
 \* Orders on hold for 2 weeks will require a new cast and will be destroyed.  
 \* Special modification requests to footplates or even-ups are not standard and may incur additional charges

Detail color options.  
 Choose One  No Charge

Even Up Balancer \$40





THANK YOU FOR YOUR ORDER!



SOLE INNOVATIONS  
 301 Hot Springs Road #5  
 Carson city NV 89706  
 775 849 0244

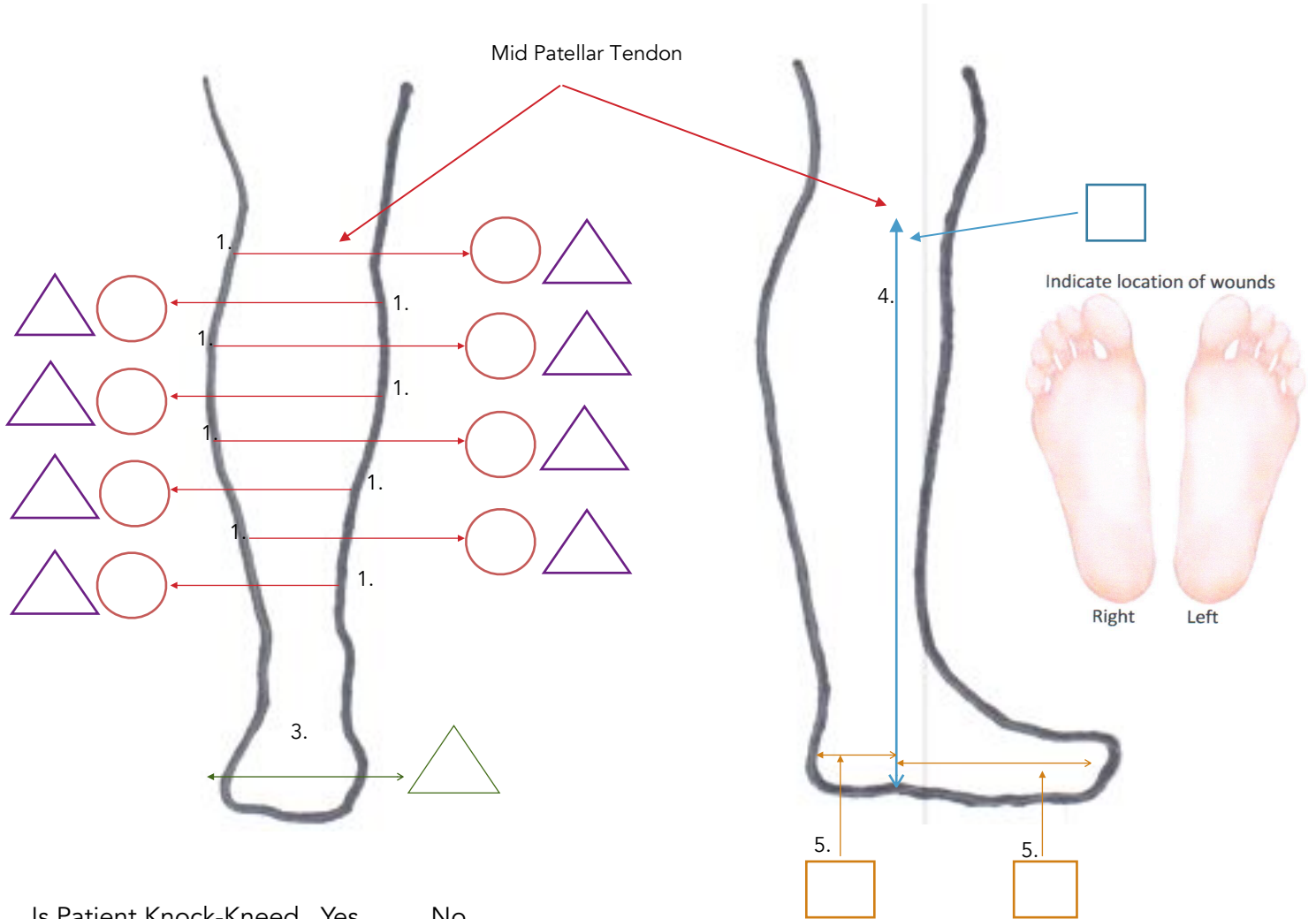
# SOLE INNOVATIONS

## TOAD BRACE

### International Measurement Order Form

Patient Name: \_\_\_\_\_

1. Circumference every 2" starting at mid patellar tendon (Start at bottom of knee cap) (8 measurements)
2. Width measurements every 2" (with fabric measuring tape or caliper) starting at mid patellar tendon (Start at bottom of knee cap) (8 measurements)
3. Width of Forefoot (Across the ball of foot, bottom, or just behind the toes, top)
4. Vertical distance from mid patellar tendon to floor, bisecting the leg (Base of kneecap to floor)
5. Distance from bisection of leg to heel and from bisection of leg to front of foot



Is Patient Knock-Kneed Yes \_\_\_\_\_ No \_\_\_\_\_

Is Patient Bow Legged Yes \_\_\_\_\_ No \_\_\_\_\_

Diagnosis \_\_\_\_\_

Shoe Size \_\_\_\_\_ Weight \_\_\_\_\_



Clinical Notes: \_\_\_\_\_

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