

Custom Sure Step Order Form

Please refer to ordering instructions (back).

Patient Information

Name: _____

Date: _____

Age: ^{yr} _____ Sex: _____ Height: _____ Weight: _____

Occupation: _____

Activities: _____

Diagnosis: _____

Brace Side: Left Right One of a pair
(Use two forms.)

Bill To

Company: _____

Account No: _____

Contact Name: _____

Purchase Order: _____

Address: _____

Address: _____

Tel: _____ Fax: _____

Credit Card No./Exp: _____

Name on Card: _____

MC Visa Amex D

Ship To (if different than billing address)

NewGen Advanced Orthotics Laboratory

7730-A Trinity Road Suite # 105
Cordova, TN 38018-9956
(888) 756-0257 FAX: (901) 624-2073

Ship Method (Charges may vary.)

Next Day 2-Day 3-Day Ground

Rush Manufacturing (Not including shipping time.)

N/A 2-Day, \$60 3-Day, \$30

Refer to ordering instructions (back) for required cast height.

Model Number SURE- _____

The Sure Step Custom brace has a 35mm heel cup, medial arch flange, wide orthotic foot plate, top cover (EVA) to sulcus.

Please specify any changes from the standard design.

Brace Modifications (*Additional charges may apply.)

Top Cover

- Standard (EVA)
- Implus*
- Spenco*
- Diabetic*
- Poron Cushion to Extension*

Joint Option (Ankle Pivot)

- Full Flexion
- Permanent Fixed
- 90° Dynamic Assist
- Pre-Flexed Dynamic Dorsi-Assist

Top Cover Length

- To Metatarsals
- To Sulcus – Standard
- To Toes

Heel Cup

- 35 mm – Standard
- 18 mm
- 14 mm
- Other _____

Additions/Accommodations

- Heel Lift: _____ mm
- Scaphoid Sling*
- Low Profile Podiatric Trim Line
- Cuboid Sling*

- Lateral Flange (Use with abducted forefoot. Do not use with lateral ankle instability.)

- Orthotic Plate Accommodation (Please mark location on cast.)

- Navicular Medial Fascial Band
- Styloid 5th Metatarsals Other: _____

- Forefoot Extension Accommodation Location
(Please mark location on cast and in Special Instructions.)

FOR YOUR NEXT ORDER...

With each shipment, Seattle Systems provides a mid-calf casting sock free of charge. Please specify the desired size:

- MD LG XL Not at this time.

Cast Modifications

Medial Heel Skive: 2° 4° 6°

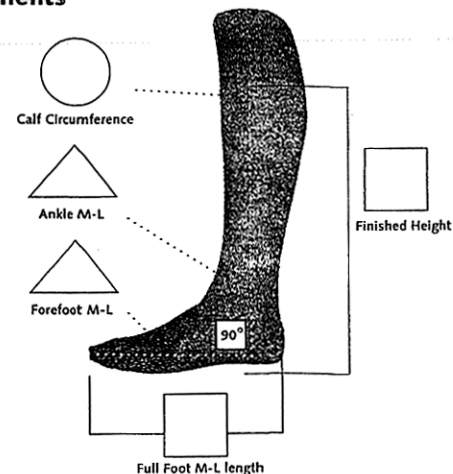
Arch Fill (determines fit of orthotic to arch of foot)

- Minimum – snug fit, no forgiveness
- Standard – close conformity, some forgiveness
- Maximum – very forgiving

Cast Correction Intrinsic Posting

- According to cast – Standard
- None – Leave positive “as is.”
- According to measurements below
Left: Varus _____ Valgus _____
Right: Varus _____ Valgus _____

Measurements











Special Instructions

Mark accommodation location(s) here and on cast.



Custom Sure Step Ordering Instructions

List of Models

	Model	Cast Height
	SURE-01 Standard	ankle cast
	SURE-02 Pro-Custom	mid-calf cast
	SURE-03 Dynamic Assist	mid-calf cast
	SURE-04 Soccer	mid-calf cast
	SURE-05 Pediatric	mid-calf cast
	SURE-06 Pro-Custom Rigid	mid-calf cast
	SURE-08 Variable R.O.M.	mid-calf cast

Important

Use this form for ordering the standard series of the Custom Sure Step ankle foot orthosis. Refer to the **List of Models** (left).

A separate order form is available for the Neuropathic CROW and Comprehensive AFO series.

Ordering Instructions

This page contains reference information and instructions for ordering the standard series of the Custom Sure Step ankle foot orthosis. The reverse page contains the actual order form.

Please fill out the order form on the back page completely. Any missing information may delay the delivery of your Custom Sure Step brace.

1. Fill in **Patient Information**.

Note: Patient information will remain secure and confidential.

2. Fill in **Bill To** information.

3. Fill in **Ship To** information if different from Bill To.

4. Select **Shipping Method**.

Note: The standard manufacturing lead time for the Custom Sure Step is five to seven days, not including time in shipping.

RUSH manufacturing can be requested. RUSH manufacturing is two to three days, not including time in transit. An additional charge will be applied to RUSH orders.

5. Specify **Model Number**. Refer to the **List of Models** (left).

6. **Form cast**. To ensure an accurate fit, the proper cast height is absolutely necessary, especially for models SURE-02 through SURE-08, which feature custom formed uprights. Refer to **List of Models** (left).

When forming the cast, make sure the foot and ankle are positioned at 90° of dorsiflexion (or as close as possible). If Achilles tendon tightness is apparent, the knee can be flexed to relax this condition while casting. If not, note in **Special Instructions**.

7. Specify **Brace Modifications**. Additional bracing modifications and accommodations can be requested for your patients. *Additional charges may apply.*

8. Specify **Cast Modifications**. Additional modifications can be applied to accommodate cast correction.

9. Specify **Measurements** in Diagram 1 for calf circumference, ankle M-L, forefoot M-L, foot length, and desired length of the finished brace.

10. Specify **Special Instructions**, if any. Mark additional accommodations in Diagram 2.

11: With each shipment, Seattle Systems provides a new mid-calf casting sock free of charge. Please specify the size **FOR YOUR NEXT ORDER**.

12. Package completed order form and cast in plastic bag.

Send cast and order form to:

NewGen Advanced Orthotics Laboratory

7730-A Trinity Road Suite # 105
Cordova, TN 38018-9956
(888) 756-0257 FAX: (901) 624-2073

Thank you for your order. If you need further information, please contact us at

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