

Date	Acor Order #
P.O. #	Cust #

Articulating Joint EcoTex™ AFO Gauntlet

Bill To:
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Shipping:

Standard Ground – Free
 2 Day – Additional Charges Apply
 1 Day – Additional Charges Apply

Ship To:
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Closure Options:
 Please select one:

Lace (CGC-001)Lacing eyelets only
 Velcro® (CGC-004).....Velcro® straps only
 Boot Hooks (CGC-002).....Boot hooks at top 3 eyelet locations
 Speed Lacer (CGC-003).....D-rings at top 3 eyelet locations
 Lace/Velcro® (CGC-006).....Top Velcro® strap above lacing eyelets

Patient Info:
 Patient Name: _____
 DOB: _____ Sex: M F
 Height: _____ Weight: _____ Shoe Size: _____
 Diagnosis: _____

 Practitioner: _____
 Email Address: _____
 Left Right Bilateral

Color:
 Please select one:

Black Grain	Bone Smooth	Navy Grain	Purple Grain	Brown Grain	Pink Smooth	White Grain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pricing:
 G9230 Flexure Joint Articulating Gauntlet
 G9231 Dorsi-Assist Joint Articulating Gauntlet
Additional Charge Items:

<input type="checkbox"/> Rush Order	+ 52.50
<input type="checkbox"/> Additional Height Above 8" (per inch)	+ 12.00

Forefoot
 No correction needed
 Correct to neutral

Leg Line
 Fixed (Do not correct)
 Flexible (Correct to neutral)

Orthoses (All Acor Gauntlets are produced with custom orthotics)
 1/16" P-Cell® + 1/16" Echocel® PU
 Other _____

Lining
 Engineered Leather 1/16" Bamboolite™

Padding (Engineered leather lining only)
 1/16" Echocel® PU 1/8" Echocel® PU

Foot Plate Length
 Standard (Behind metatarsal head, standard on shorty)
 Sulcus Length
 Full Length

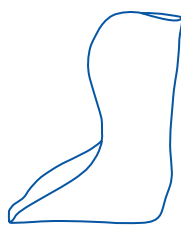
Reinforcement
 1/8" Polypropylene

Height*
 8" Standard
 Other _____ (See 'Additional Charge items' if taller)


***Please cast the patient to approximately one inch (1.0") above desired brace height.**

Reinforcement Trim Line:

Full Heel Leaf Heel



CGM-002



CGM-004

Special Instructions: _____

Would you like Acor's Support Team to contact you regarding this order? Yes No