

Date	Acor Order #
P.O. #	Cust #

Custom Assist Balance Brace

Patient Information:

Patient Name: _____
 DOB: _____ Sex: M F
 Height: _____ Weight: _____ Shoe Size: _____
 Primary Activity for Orthotic Use: _____

 Diagnosis: _____

 Practitioner: _____
 Email Address: _____

Bill To:

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

Ship To:

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

Pricing:

Additional Charge Items:

<input type="checkbox"/> Rush Order	+\$ 52.50
<input type="checkbox"/> Additional Height Above 9" (per inch)	+\$ 12.00

Shipping:

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

- 1** - Cast must be circumferential, either plaster wrap cast, fiberglass tape wrapped cast or STS sock.
- 2** - Cast must be a minimum of 9" in height for standard brace, or higher, depending on height of brace requested.
- 3** - Medial and lateral malleoli must be marked on cast sent in.

Acor Assist Balance Brace

Left Right Bilateral

Materials:

<p>Exterior</p> <p><input type="checkbox"/> Fabric</p> <p>Please select one:</p> <p><input type="checkbox"/> Black Fabric <input type="checkbox"/> Tan Fabric</p> <p>Interior Lining</p> <p><input type="checkbox"/> P-Cell® <input type="checkbox"/> Fabric</p>	<p>Exterior</p> <p><input type="checkbox"/> Eco-Tex™</p> <p>Interior Lining</p> <p><input type="checkbox"/> Eco-Tex™ Lite <input type="checkbox"/> P-Cell®</p>
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Closure

Standard Velcro® Strap Velcro® D-Ring Strap

Reinforcement

More Rigid More Flexible

Height

9" Standard
 Other _____ (See 'Additional Charge Items' if taller)

Standard Brace will be 90 degrees to the floor when placed inside the shoe

Standard
 Correct to _____



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