

Date: \_\_\_/\_\_\_/\_\_\_

**Bill To:**

Account Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Casting Contact: \_\_\_\_\_  
e-mail: \_\_\_\_\_

**Ship To:**

Same as Bill Address:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
P.O. #: \_\_\_\_\_  
Need By Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_  Male  Female Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Activity Level:  Non Ambulatory  Low / Transfer  Medium  High / Active

Diagnosis:  Posterior Tibial Tendon Dysfunction (PTTD)  Degenerative Joint Disease  Severe Pronation  
 Trauma  Other: \_\_\_\_\_

Primary reason for the Device: \_\_\_\_\_

**Clinical Observation:**

Ankle:  Normal/Flexible  Limited  Fixed / Fused **Forefoot:**  Normal / Flexible  Limited  Fixed / Fused  
Footwear:  Comfort  Athletic  Extra Depth  Custom Molded  **Shoe Enclosed**

**LEVY:**  Left  Right  Bilateral

**Forefoot Post:**

Intrinsic  Extrinsic  Varus  Valgus  Degrees \_\_\_\_\_  
 Use Lab Discretion

**Rearfoot Post:**

Intrinsic  Extrinsic  Varus  Valgus  Degrees \_\_\_\_\_  
 Use Lab Discretion

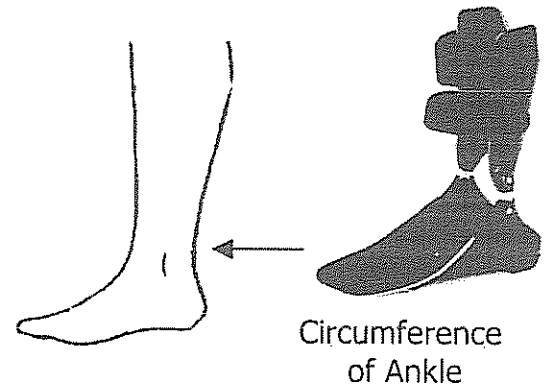
**Cast Modifications:**  Use Lab Discretion

Ankle:  Correct to 90°  Leave as Casted

Forefoot:  Correct to Neutral  Leave as Casted

**Special Instructions:** \_\_\_\_\_

### LEVY Dynamic AFO



**Joint Options:**

Free Motion (Standard)  Dorsi-Assist