

Levy⁺Rappel

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Saddle Brook, NJ 07663
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Fax: 973.478.1760

Levy[®]Dynamic

Date: ___/___/___

BILL TO:

Account Name:

Address:

City: State: Zip:

Phone: () Fax: ()

Casting Contact:

E-Mail:

SHIP TO: Same As Billing Address

Account Name:

Address:

City: State: Zip:

Phone: () Fax: ()

PO Number:

E-Mail:

PATIENT INFO:

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[®]Dynamic Left Right Bilateral

JOINT OPTIONS:

Free Motion (Standard) Dorsi-Assist

FOORFOOT 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:

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