

ComfortFit Stabilizer Brace



Rx Form

Patient Name _____ Account # _____ P.O.# _____

Date of Birth: ___/___/___ Sex: M F Account Name: _____

Height: _____ Weight: _____ Shoe Size: _____ Email: _____

Primary Activity for Stabilizer Brace: _____ SHOES ENCLOSED Practitioner: _____

Diagnosis: _____ Phone: _____ Fax: _____

Address: _____

City, ST/Province: _____

Zip/Postal Code: _____

Circle Quantity: Left Right Bilateral

ComfortFit Stabilizer Brace

Standard Brace is 3mm polypropylene

- () More Rigid - 4mm
- () More Flexible - 2mm

Standard Brace Height is 9"

Other _____

Standard Brace will be 90 degrees to the floor
when in the shoe

Other _____

