

ComfortFit Stabilizer Brace



RX Form

Patient Name _____

Account # _____ P.O.# _____

Date of Birth: ___/___/___ Sex: M F

Account Name: _____

Height: _____ Weight: _____ Shoe Size: _____

Email: _____

SHOES ENCLOSED

Primary Activity for Orthotic Use: _____

Practitioner: _____

Diagnosis: _____

Phone: _____ Fax: _____

Address: _____

City, ST/Province: _____

Right _____ Left _____ Bilateral _____

Zip/Postal Code: _____

ComfortFit Stabilizer Brace

Standard Brace is 3mm
polypropylene

Standard Brace Height is 9"
Other _____

- More Rigid
- More Flexible

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

Diabetic Option



Functionally
Balanced AFO
Shell



Soft Interface

Velcro Straps



Pink Plastizote