TORCH WALKER ORDER FORM

Account # Date: / /	
PATIENT NAME: Age: Weight:	
Activity level: Non Ambulatory Low / Transfer Medium High / Active Occupation	
Rx / Diagnosis: Special Instructions:	
	-
	ALV.
COLOR: DBLACK DARK BROWN DOTHER	200
CLOSURE: ALL LACES ALL VELCRO HOOKS	
a	
TOTAL CONTACT STRAPS WITH AFO PADS (# OF PADS)	
HEIGHT: C 6" C10" C15" COTHER:	
TONGUE: INCLUDE REINFORCED ANTERIOR SHELL TONGUE ?	T PART OF CAL
□ YES □ No	—()
SOLING: INCLUDE S.A.C.H. HEEL AND ROCKER SOLE ?	\smile
	IGHT OF TORC
INSERT: □1/4" PINK 1/8" PORON® 1/4" E.V.A.	
	OVE ANKLI
CORRECT ANKLE TO 90 DEGREES:	
FOREFOOT: CORRECT TO 90° AS CASTED	
EXTRA HIGH TOE BOX	
EXTRA TOE ELONGATION STANDARD TOE ELONGATION	
Bloace submit a cast and order form for EACH Torch Walker (not cold as pairs). The essient casting	t mothod is
Please submit a cast and order form for EACH Torch Walker (not sold as pairs). The easiest casting an STS casting sock. The type of casting sock used is based on the height required for each order.	

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