

Momentum Health Technologies

17/34 Thynne St
Bruce ACT 2617
Australia

Hours of Operation
Mon-Fri
8:30am – 5:00pm (AEDT)

T: (02) 6210 0066
E: info@momentumht.com.au



Lower Leg Orthotic Order Form

Ship To:	Customer Account No.:
	Purchase Order No.:
	Clinician:
Date Due:	Contact Telephone:
Urgent? <i>*Rush orders may attract an additional fee</i>	Pt. Name/Reference:

Patient Details

Weight: _____ Height: _____
 Left Right Bilateral

Orthosis Details

Type: _____
 Boot Liner: _____ Cuff Liner: _____
 Joint Type: _____ Flexion Stop: _____
 Plastic Type and Thickness: _____
 Additional Notes: _____

Strapping Details

Strap Direction: _____
 Calf/Shin: _____ Ankle: _____
 Additional Notes: _____

Cosmetic Details

Paper Transfer: _____
 Strap Colour: _____

Trimline Details

Foot Section: _____ Contain Met Heads: _____
 Euro Shoe Size: _____ or Foot Trim Length: _____ cm
 Calf Section: _____ Calf Trim Height: _____ cm

Additional Notes: _____

Padding Details

Malleoli Padding: _____ Plantar Padding: _____
 Calf Padding: _____
 Complete Foam Lining: _____
 Additional Notes: _____

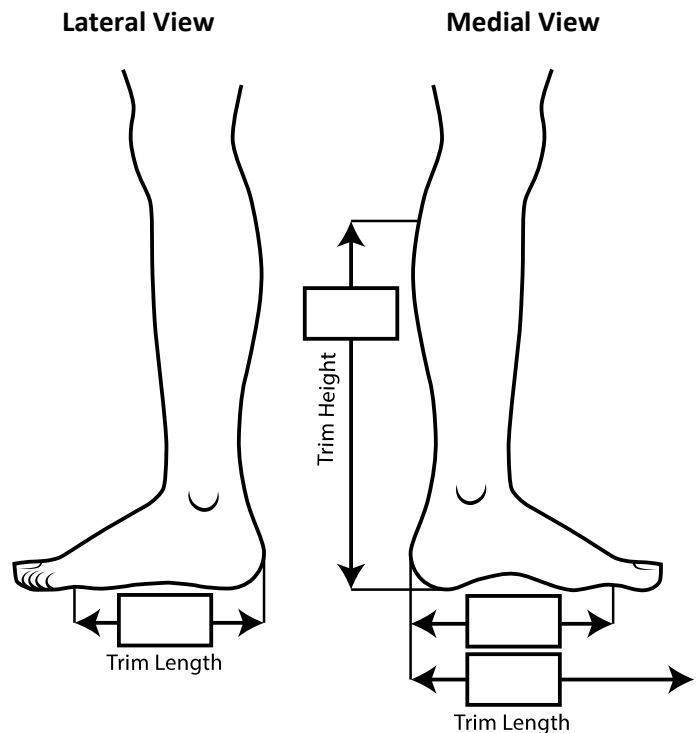
Sole Details

Heel Raise: _____ Raise Height: _____ cm
 Heel Post: _____ EVA Walking Sole: _____

For Momentum T-Pulse AFO

Strut Width: _____ Strut Stiffness: _____
 Activity Level: _____

Additional Instructions



Please note: No responsibility will be taken by Momentum Health Technologies for inappropriate or incorrect prescriptions. Devices will be made to the specifications identified on this form.

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Angular Cast Corrections

Goal Ankle Angle: degrees or Neutral
Goal Calcaneal Angle: degrees or Neutral
Goal Toe Spring: degrees
Shoe Pitch: mm

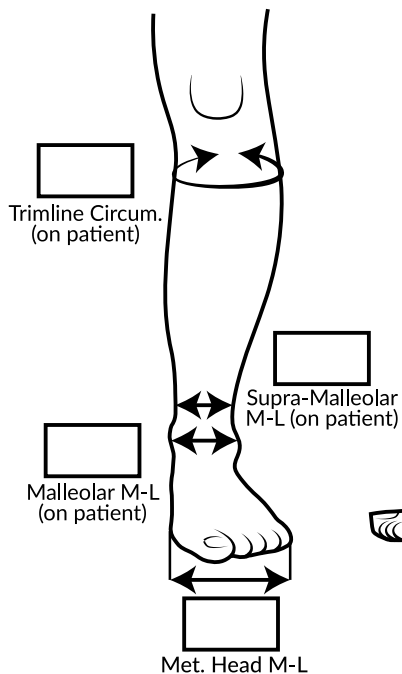
Specific Offloading

Forefoot Corrections:

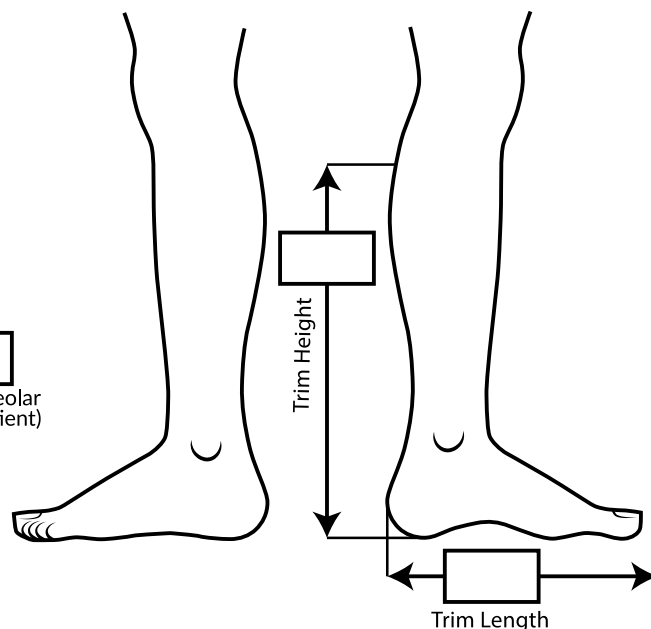
Abduction or Adduction to degrees or adjust
to Neutral Position
Rotation: degrees or Neutral

Additional Instructions

Anterior View



Lateral/Medial Views



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