### Momentum Health Technologies

6/28 Thynne St Bruce ACT 2617 Australia Hours of Operation Mon-Fri 8:30am – 5:00pm (AEDT) T: (02) 62100060 F: (02) 61470239 E: info@momentumht.com.au



# **FEAFO Order Form**

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

#### **Patient Details**

Weight:

Height:

#### Sole Details

Heel Raise:

Heel Post:

Raise Height:

cm

EVA Walking Sole:

## **Orthosis Details**

Left Right Bilateral

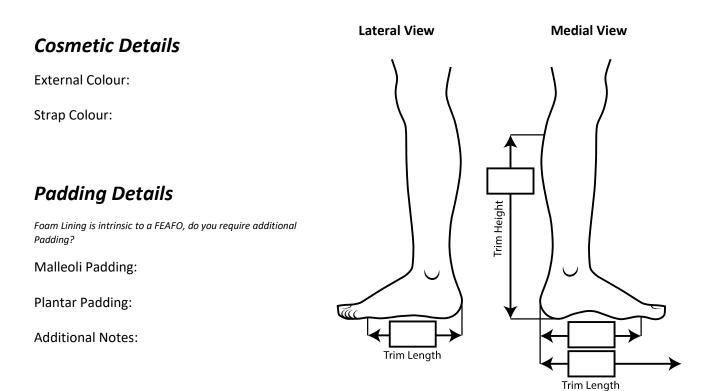
## Additional Instructions

Foot Length: cm

Encapsulated Plastic Thickness:

Encompass Malleoli with Plastic:

Encompass Met Head with Plastic:



*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 mm		
Shoe Pitch: mm			

#### **Forefoot Corrections**:

Abduction	or Adduction	to	degrees
or neutral	as cast/scanne	ed	
Rotation:	degrees or N	leutral	
As cast/sc			

**Anterior View** 



Additional Instructions

Lateral/Medial Views

Trimline Circum. (on patient) Trim Height Supra-Malleolar M-L (on patient) Malleolar M-L (on patient) Trim Length

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Met. Head M-L