

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

Check fit required:
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

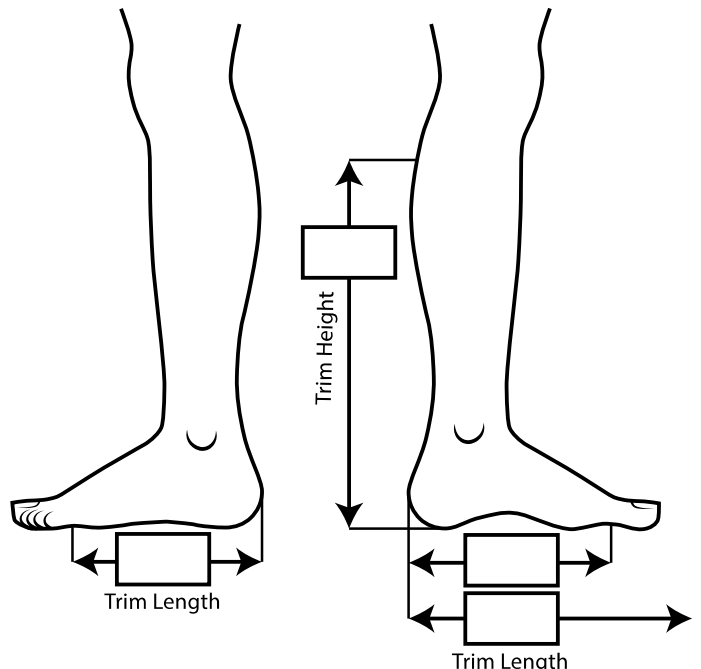
Strut Width: _____ Strut Stiffness:
Activity Level:

For Thermoplastic PDE's only. Strut Category
(Please note strut length for thermo devices is 250mm)

Additional Instructions

Lateral View

Medial View



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 DF/PF Angle: degrees or Neutral
 Goal Calcaneal INV/EV Angle: degrees or Neutral
 Goal Toe Spring: degrees
 Shoe Pitch: mm

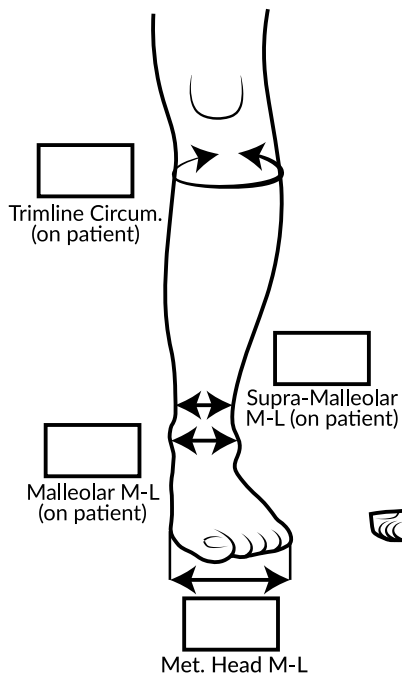
Specific Offloading

Forefoot Corrections:

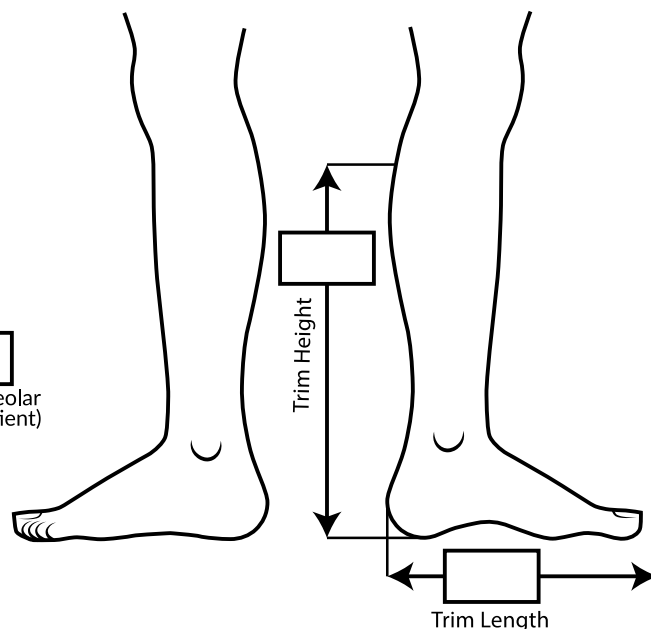
Abduction or Adduction to degrees or adjust
 to Neutral Position
 Rotation EXT/INT: degrees or Neutral

Additional Instructions

Anterior View



Lateral/Medial Views



Please note: No responsibility will be taken by Momentum Health Technologies for inappropriate, incorrect or conflicting prescriptions. This may cause a delay in manufacturing until the information is clarified. Devices will be made to the specifications identified on this form.