Momentum Health Technologies

Unit 1 & 2, 5 Copper Cl, Beard, ACT 2620, Australia

Hours of Operation Mon-Fri 8:00am – 4:00pm (AEDT)

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

Lower Leg Jointed Orthotic 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: kg Height: mm

Left ◯ Right ◯ Bilateral ◯

Orthosis Details

Type:

Posterior Plastic Type:

Joint Type:

Flexion Stop:

Boomerangs: ☐

Strapping Details

Strap Direction:

Calf/Shin: None Ankle: None

*Strap Direction N/A to control straps

Cosmetic Details

Paper Transfer: Plain

Strap Colour: Transfer Options

Trimline Details

Foot Section: Contain Met Heads: None

Euro Shoe Size: or Foot Trim Length: cm

Calf Section: Calf Trim Height: cm

High Forefoot Trimlines: ☐

Padding Details

Malleoli Padding: None

Plantar Padding: None

Calf Padding: None

Complete Foam Lining: None

Sole Details

Heel Type: None

Raise Height: N/A cm Aim for 90 degree shank: ☐

Heel Post: N/A Provide estimate raise height

Posterior Dynamic Element (PDE) Details

Strut Category: N/A Strut length: N/A

*Cat 6 & 7 are avaliable only in 175mm and 225mm strut length

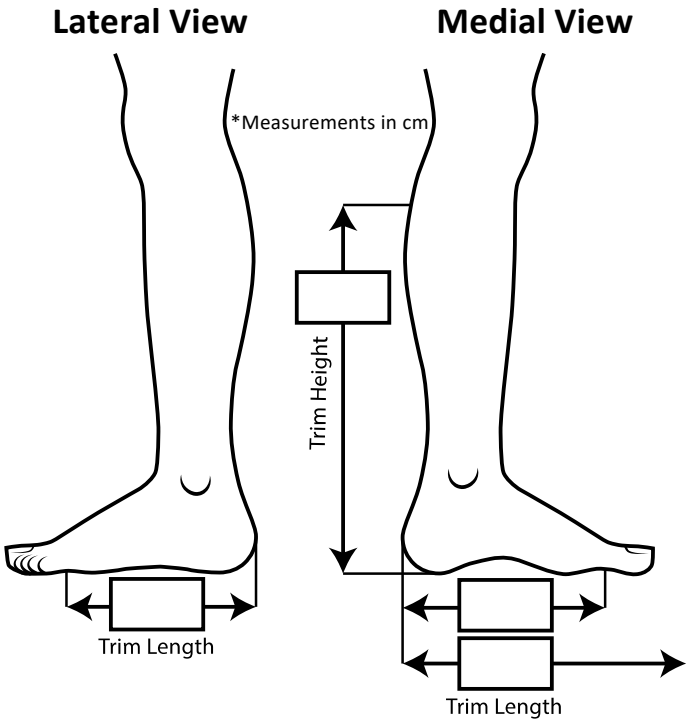
Anchor Kit: N/A

T-Pulse Details

Strut Width: N/A Strut Stiffness: N/A

Activity Level: N/A

Additional Fabrication Instructions



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. Be aware any blank areas will be considered as not required or N/A. Devices will be made to the specifications identified on this form.

Momentum Health Technologies

Unit 1 & 2, 5 Copper Cl, Beard, ACT 2620, Australia

Hours of Operation Mon-Fri 8:00am – 4:00pm (AEDT)

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

Lower Leg Jointed Orthotic 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:**

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

Forefoot Corrections:

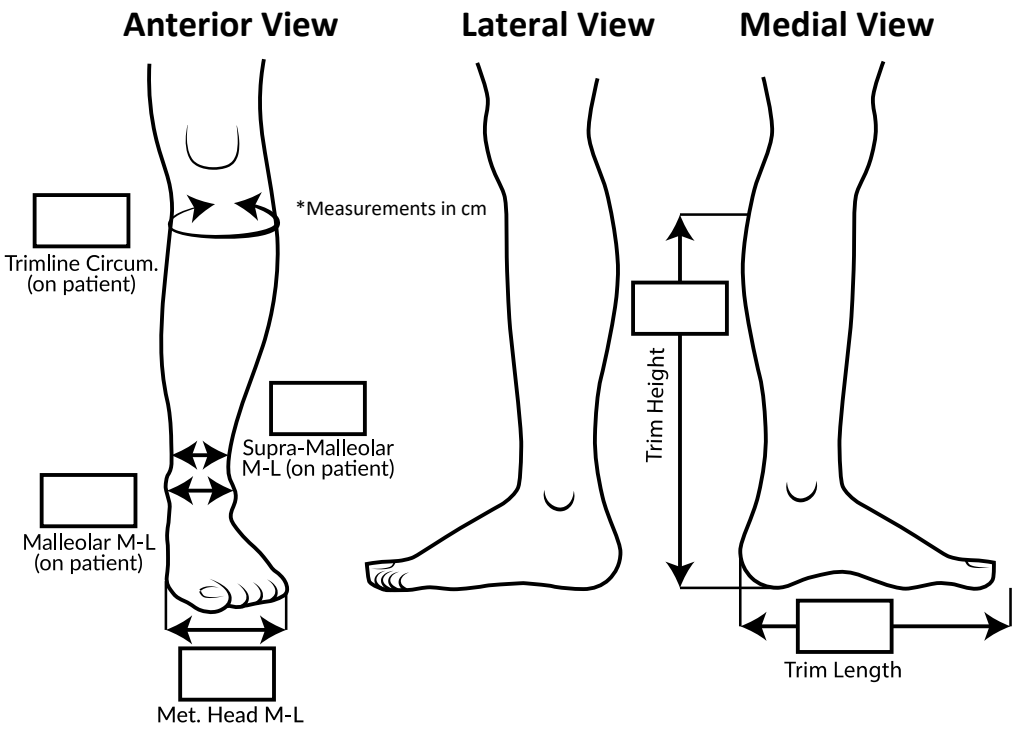
Abduction ☐ *or Adduction* ☐ *to* *degrees or*

adjust to Neutral Position ☐

Rotation EXT/INT: *degrees or Neutral* ☐

Specific Offloading

Additional Correction Instructions



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. Be aware any blank areas will be considered as not required or N/A. Devices will be made to the specifications identified on this form.