

Company _____ Contact _____ Phone _____
 PO Number _____ Age _____ Sex _____
 Weight _____ Height _____ Shoe Size _____ Patient's Occupation _____

- Model HDSF** (*Separated toes*)
- Model HDSF-ER** (*Connected toes with Carbon Fiber insert*)
- Model SF** (*Connected toes*)

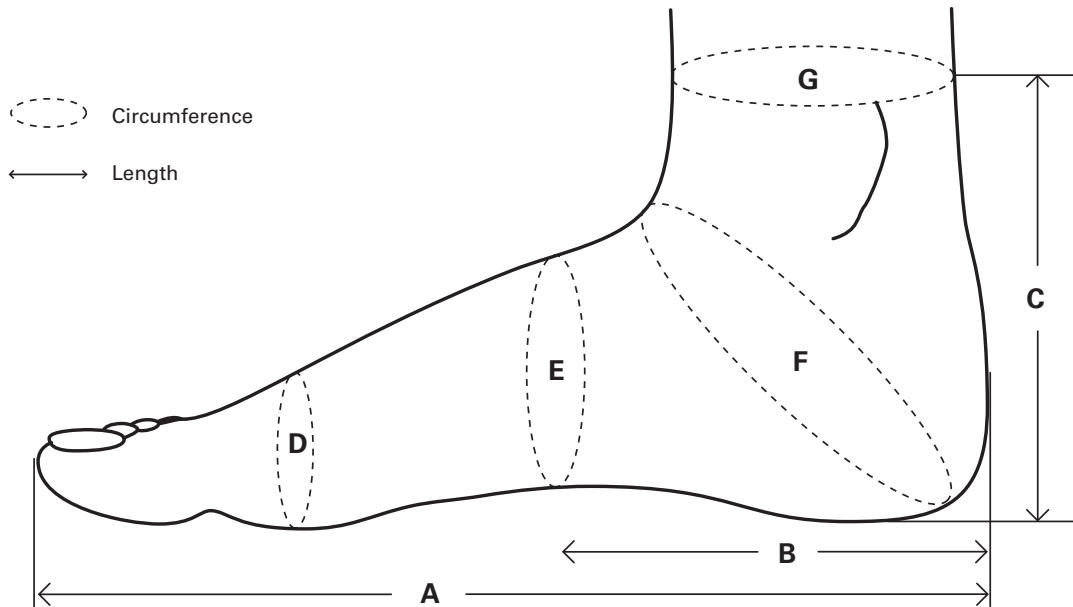
Cast Modifications:

When you modify the cast, you will reduce it 2–3% on bony areas and 3–4% on fleshy areas

Filling: Silicone & Foam Foam None

Zipper: Metal Plastic None

Color: _____ (Color can be chosen in between 2 colors, e.g. A1-A2)

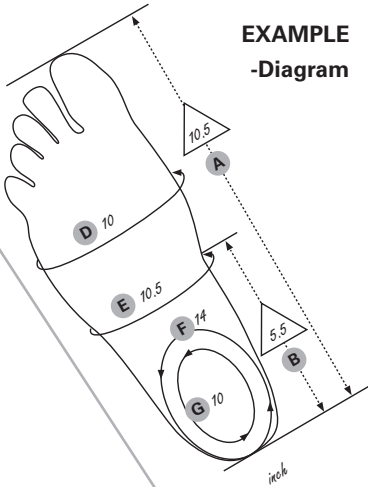


	LEFT	RIGHT		LEFT	RIGHT
A = Foot Length (<i>Large toe to heel</i>)			E = Arch Circumference		
B = Distance from heel to E			F = Talus to Heel Circumference		
C = Height (<i>From heel to G</i>)			G = Malleoli Circumference		
D = Metatarsal Circumference			<input type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> inch		

- Checklist:**
- Cast was sent (sound and residual limb)
 - Photos were taken and sent (sound and residual limb)
 - Cast modified
 - Please return cast

Limb Information: Please draw outline of *sound* or *residual limb* and provide length and circumferences (refer to example at below)

LEFT FOOT



Fillauer LLC

 Hosmer

cm mm inch

EXAMPLE - Instructions

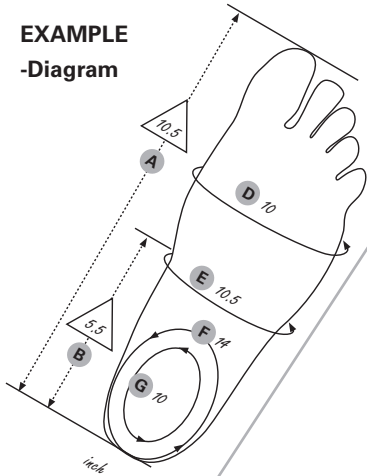
- 1 - Trace outline of sound or residual limb
- 2 - Measure and indicate length of foot inside a Δ
- 3 - Measure and indicate the 4 circumferences of foot

**This information does not replace cast. It should be provided as additional information.*

Limb Information: Please draw outline of *sound* or *residual limb* and provide length and circumferences (refer to example at below)

RIGHT FOOT

**EXAMPLE
-Diagram**



Fillauer LLC
◇ Hosmer

cm mm inch

EXAMPLE - Instructions

- 1 - Trace outline of sound or residual limb
- 2 - Measure and indicate length of foot inside a \triangle
- 3 - Measure and indicate the 4 circumferences of foot

**This information does not replace cast. It should be provided as additional information.*