

Open this form with a PDF reader which allows digital completion. Please fill in **ALL** the boxes.

Patient and clinic details

Reference (If you are ordering on rehapp this is your rehapp order number):

Date

Date required*

Clinician

Clinic

*Please allow a minimum of 10 working days

Contact number

Email

Patient type

Strut strength

Activity level

Device required

Left

Right

Shape capture method (choose one)

Measurements <input type="checkbox"/>	Scan* <input type="checkbox"/>	Cast <input type="checkbox"/>	Repeat <input type="checkbox"/>
<input type="text"/> Height (mm) Must be below 390mm <input type="text"/> Calf circ. (mm)	Scan type <input type="checkbox"/> Direct scan of limb <input type="checkbox"/> Positive plaster model Rectified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> Height (mm) Must be below 390mm Send the scan to: info@crispinorthotics.com	Cast type <input type="checkbox"/> Negative cast <input type="checkbox"/> Positive cast <input type="text"/> Height (mm) Must be below 390mm Send the cast to: Crispin Orthotics Ltd, Wellfield House, Victoria Road, Leeds LS27 7PA	<input type="text"/> Height (mm) Must be < 390mm <input type="text"/> Previous order nr.

Straps/lining

Strap

Calf band lining colour

Yes

No

Cosmetics

Colour of orthosis (the 3D printed part)

Black

White

Additional instructions

Code for Conventional including 1 strap and lining= **G132**