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 Clinician Clinic Date required\* \*Please allow a minimum of 10 working days Patient type Contact number Email Activity level Device required Left Right Shape capture method (choose one) Scan\* Cast Repeat Cast type Scan type Direct scan of limb Negative cast Height(mm) Positive plaster model Positive cast Rectified? Yes Rectified? No No Yes Shoe size Height(mm) Shoe size Must be below 300mm Shoe size Previous order nr. Send the cast to: Send the scan to: Crispin Orthotics Ltd, Wellfield House, info@crispinorthotics.com Victoria Road, Leeds LS27 7PA Rectification/posting Angle Please specify the adjustment As cast Adjust my cast ▶ Heel post Please specify Shank of AFO to vertical None Other > Rectification (Standard rectification: 4mm Malleoli, flared calf, 5mm anterior opening) Please specify the adjustment Additional to standard > Heel raise Please specify Left Right ▶

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Please fill in <b>ALL</b> the b	ooxes.						
Straps/paddi	ng						
Calf strap (Sliding p	ad as standard)	Heel stra	ар				
Yes	No						
Additional pado	ding***		ease specify 'other'	additional padding			
			<b>•</b>				
***Any additional padding	please schedule C	3133 x number o	of pads				
Cosmetics Colour of orthos Black	White	Blu		Orange (	Purple		
Lining colour (Im	nm EVA lining is ma	andatory)	Yes	N	0		
	-1 :		103				
Select debossed	a image						
Butterflies Ca	t Dino	saurs	Dog	5300 Fl car	Flowers	Football	Footballer
Horse Monst			Paw prints	Princess & crown	Rainbow & stars	Robot & dog	Rocket launch
Pose Sha	Space Space		pider & web	Tables cartoon	T-Pey cutout - Mr		

Please fill in <b>ALL</b> the boxes.	
Trimlines (PLS style AFOs not possible)	
Footplate length	Sidewall trimlines
Additional instructions	
Your message	

Code for Fortis including 2 straps and lining= G133