



Pioneer Custom Orthotic Work Order

Patient ID or Work Order #: <input style="width: 100%;" type="text"/>	Due Date: <input style="width: 100%;" type="text"/>
Facility: <input style="width: 100%;" type="text"/>	Pioneer Serial #: <input style="width: 100%;" type="text"/>
Practitioner: <input style="width: 100%;" type="text"/>	Received By: <input style="width: 100%;" type="text"/>
Contact Number: <input style="width: 100%;" type="text"/>	

Device Type: AFO <input type="checkbox"/> KAFO <input type="checkbox"/> AZ AFO <input type="checkbox"/> C.R.O.W <input type="checkbox"/> SMO <input type="checkbox"/> Knee Orthosis <input type="checkbox"/> Custom Carbon <input type="checkbox"/> Conv KAFO <input type="checkbox"/> Conv AFO <input type="checkbox"/> Other <input type="checkbox"/>	Cast Corrections: <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Left</td> <td style="text-align: center;">Right</td> </tr> <tr> <td>Correct to 90 sagittal plane</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Correct Forefoot</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Correct Hindfoot Coronal</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Correct Knee</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Leave as is</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Left	Right	Correct to 90 sagittal plane	<input type="checkbox"/>	<input type="checkbox"/>	Correct Forefoot	<input type="checkbox"/>	<input type="checkbox"/>	Correct Hindfoot Coronal	<input type="checkbox"/>	<input type="checkbox"/>	Correct Knee	<input type="checkbox"/>	<input type="checkbox"/>	Leave as is	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Plastic Type:</td> <td colspan="2">Plastic Thickness:</td> </tr> <tr> <td>Polypro</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>1/8"</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Co-Poly</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>5/32"</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Polyethylene</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>3/16"</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Pro-Comp</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>1/4"</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Color of Plastic</td> <td>Black <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>White <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Clear <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Transfer Paper (Specify Type)</td> <td colspan="2"><input style="width: 100%;" type="text"/></td> </tr> </table>	Plastic Type:		Plastic Thickness:		Polypro	<input type="checkbox"/>	1/8"	<input type="checkbox"/>	Co-Poly	<input type="checkbox"/>	5/32"	<input type="checkbox"/>	Polyethylene	<input type="checkbox"/>	3/16"	<input type="checkbox"/>	Pro-Comp	<input type="checkbox"/>	1/4"	<input type="checkbox"/>	Color of Plastic	Black <input type="checkbox"/>				White <input type="checkbox"/>				Clear <input type="checkbox"/>			Transfer Paper (Specify Type)		<input style="width: 100%;" type="text"/>	
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Carbon Fiber Lay Up:

Standard Carbon Fiber Non-moldable shell:

Carbon Fiber Wet Lamination with heated moldable trim lines:

Other:

Ankle Joints:

Dorsi Assist Tamarack

Free Motion Tamarack

Oklahoma Joints

Camber Axis

D. A. Ottobock

D. A. Becker

Other - Specify Part # & Manufacturer:

Foam Materials:	Foam Thickness:	Location:
Alipast <input type="checkbox"/>	1/8" <input type="checkbox"/>	Fully Lined <input type="checkbox"/>
Plastizote <input type="checkbox"/>	3/16" <input type="checkbox"/>	Calf <input type="checkbox"/>
P-Cell <input type="checkbox"/>	1/4" <input type="checkbox"/>	Plantar <input type="checkbox"/>
PPT <input type="checkbox"/>	1/2" <input type="checkbox"/>	Malleolus <input type="checkbox"/>
Boclite <input type="checkbox"/>		
Puff <input type="checkbox"/>		
Other: <input style="width: 100%;" type="text"/>		

Metal Uprights:

Single

Double

Other:

Aluminum

Stainless

Titanium

*Other: Specify knee, ankle joints, Stirrup - Part Numbers

Type	Straps:	Location
Velcro <input type="checkbox"/>	3/4" <input type="checkbox"/>	Thigh <input type="checkbox"/>
Dacron <input type="checkbox"/>	1" <input type="checkbox"/>	Calf <input type="checkbox"/>
C-Fold <input type="checkbox"/>	1.5" <input type="checkbox"/>	Ankle <input type="checkbox"/>
Figure 8 <input type="checkbox"/>	2" <input type="checkbox"/>	Medial <input type="checkbox"/>
Banjo Strap <input type="checkbox"/>		Lateral <input type="checkbox"/>
T-Strap <input type="checkbox"/>		
Knee Strap <input type="checkbox"/>		
Other <input type="checkbox"/>		
<input style="width: 100%;" type="text"/>		

Notes:

Additional Comments and Instructions for Fabrication: