

SCAN DOCUMENT AND EMAIL TO

**PATIENT INFORMATION**

Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Prescribing physician: \_\_\_\_\_  
 Left leg     right leg     both legs  
 New orthotic     remeasurement/repair     parts

**BILLING AND SHIPPING**

Note: prices for one orthotic only (can be more expensive for two orthotics or more), Turbomed is not responsible for shipping delays from carriers and customs. If not indicated Turbomed will ship standard. Return shipping fees are the responsibility of the customer.

**USA, Canada:**

Standard shipping (4-7 days) no cost  
 Fast delivery extra 75\$

**Overseas including Europe, Central and South America:**

Standard shipping (7-15 days) 50\$ automatically added to the bill  
 Fast delivery extra 100\$

Name of facility: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Purchase order number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Province or state: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Postal code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Shipping:  different than billing     same as billing

**Shipping address if different than billing:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Province or state: \_\_\_\_\_  
 Postal code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

**ORTHOTIST/PRACTITIONER INFORMATION**

(Person that took the measurements)

Name: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**PRODUCT SELECTION**

FS-3000 custom made orthotic  
 Please send some information sheets on the FS-3000  
 Other: \_\_\_\_\_

**ASSESSMENT TOOL USED FOR MEASUREMENTS**

ASSESSMENT TOOL-M (Medium)  
 ASSESSMENT TOOL-S (Small)  
 ASSESSMENT TOOL-PEDI (Pediatric)

**ACCESSORIES AND OPTIONS**

Every orthotic comes with 5 lace clips  
 Extra lace clips: \_\_\_\_\_  
 Extra calf strap and padding (one kit): \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

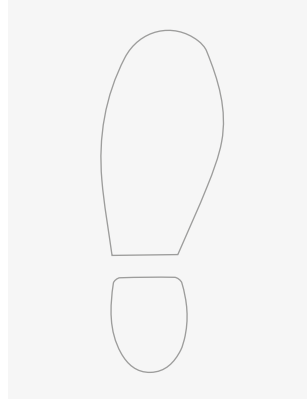
**REPAIR OR REMAKE**

Repair:     Remake:


Please provide detailed information:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## MEASUREMENTS

- ① Shoe size: **US shoe size is preferable when ever possible.** If a patient is between two sizes, please indicate those two sizes like in the following example:  
Shoe size: 8-8 1/2 men



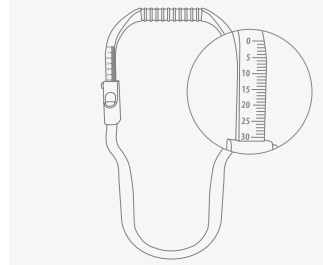
**US**  
1. Shoe size: \_\_\_\_\_  
Man:  Woman:


- ②  **CAUTION** : Total length: Refer to the chart below to get an idea of what you are looking for as far as numbers in mm.

|                      |                                |          |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |
|----------------------|--------------------------------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Men US shoe size     | 2.5                            | 3        | 3.5      | 4         | 4.5       | 5         | 5.5       | 6         | 6.5       | 7         | 7.5       | 8         | 8.5       | 9         | 9.5       | 10        | 10.5      | 11        | 11.5      | 12        | 12.5      | 13        | 13.5      | 14        | 14.5      | 15        | 15.5      | 16        |           |
| Women US shoe size   | 3.5                            | 4        | 4.5      | 5         | 5.5       | 6         | 6.5       | 7         | 7.5       | 8         | 8.5       | 9         | 9.5       | 10        | 10.5      | 11        |           |           |           |           |           |           |           |           |           |           |           |           |           |
| Foot length in CM*   | 20.5                           | 21       | 21.5     | 22        | 22.5      | 23        | 23.5      | 24        | 24.5      | 25        | 25.5      | 26        | 26.5      | 27        | 27.5      | 28        | 28.5      | 29        | 29.5      | 30        | 30.5      | 31        | 31.5      | 32        | 32.5      | 33        | 33.5      | 34        |           |
| ASSESSMENT TOOL-M    |                                |          |          |           |           |           |           |           |           |           |           | <b>10</b> | <b>13</b> | <b>17</b> | <b>19</b> | <b>22</b> | <b>25</b> | <b>28</b> | <b>31</b> | <b>34</b> | <b>37</b> | <b>40</b> | <b>44</b> | <b>48</b> | <b>52</b> | <b>56</b> | <b>59</b> | <b>63</b> | <b>67</b> |
| ASSESSMENT TOOL-S    | <b>1</b>                       | <b>5</b> | <b>9</b> | <b>13</b> | <b>18</b> | <b>22</b> | <b>26</b> | <b>30</b> | <b>34</b> | <b>37</b> | <b>40</b> | <b>43</b> | <b>46</b> | <b>49</b> |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |
| ASSESSMENT TOOL-PEDI | Will be available summer 2016. |          |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |

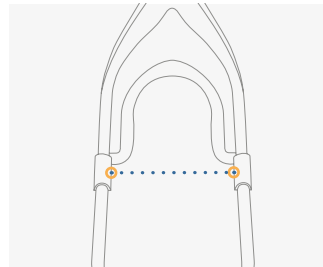
\* CM Size chart (centimeters) is usually written on label inside shoe tongue. CM size equal to foot length AND NOT shoe length.

For example, if customer is size US 10, the total should be **more or less 3 mm from the number 25 mm**. From our experience, an orthosis that is assembled too long is easier to fix than if it is assembled too short.



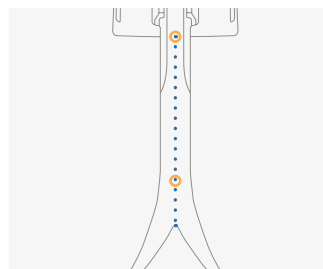
2. Total length: \_\_\_\_\_  
 **CAUTION** : Always same numbers on both sides.

- ③ The width of the brace can be reduce or in occasionnal cases, increased. Indicate the TOTAL number of millimeters that you want in augmentation or reduction between the 2 blocs.



3. Total width:  
 Make it same width than assessment tool  
 \_\_\_\_\_ mm narrower  
 \_\_\_\_\_ mm wider

- ④ Calf height: slide the calf band at the desired position on patient calf. On the back of the orthosis, measure the distance between the "Y" intersection and the **inferior border of the calf band**.



4. Calf height: \_\_\_\_\_