



BASIC REALISM PARTIAL FOOT CUSTOM SILICONE PROSTHESIS

DATE ORDER SUBMITTED _____

PO# _____

Ordering Practitioner

Practitioner _____

Title _____

Company _____

Phone _____

Email _____

Optional Cell _____

Shipping Address

Billing Address (if different than shipping)

Patient Information

Patient Last Name _____ Age _____ Height _____ Weight _____

Diagnosis _____ Shoe Size _____

Foot/Ankle Presentation _____

Left (L) / Right (R) / Bilateral (B) _____

Skin Color Match: ___ Fillauer ___ Steeper ___ Ottobock ___ Other: _____

Dorsal Base Color #: _____ Plantar Base Color #: _____

Measurements:

1. Circumference proximal to malleoli _____ mm
2. Circumference from heel to anterior ankle (diagonal) _____ mm
3. Circumference of plantar base _____ mm
4. M-L measurement below malleoli _____ mm

Corrections/Instructions (e.g., correction of forefoot varus, specific height correction for LLD, arch support, met pad, etc.): _____

Casting and Tracings - Please provide the following:

- Footprint tracings of both the residuum and contralateral foot. If this is a bilateral case, please provide tracings, as well as patient shoe size. Dorsal, plantar, and side-view photos of affected and contralateral limbs should be emailed.
- Plaster bandage or fiberglass casts of residuum and contralateral foot (unfilled).
 - **Casting Recommendations:**
 - ✓ Patient seated (or semi-weight bearing), with knee and ankle at 90 degrees
 - ✓ Foot on flat surface
 - ✓ Mark malleoli, anterior extensor tendons, and any other pertinent bony prominences/calluses/areas of concern

Mail to: **Functional Restorations, Inc.**
1821 Hillandale Rd, Suite 1B-329
Durham, NC 27705
Phone: 919-802-8020

Please contact Functional Restorations with any questions:

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