



FUNCTIONAL 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: _____
Single Color Match #: _____

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**
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Phone: (919)802-8020

Please contact Functional Restorations with any questions:
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