

ORDER FORM for Children and Adolescents

COMPANY	PHONE
STREET	FAX
ZIP, CITY	EMAIL
CONTACT PERSON	DATE

INDICATION	DIAGNOSIS
neurological	
not neurological	

pes equinus		pes valgus		pes planus / flat foot		pes cavus		pes adductus		pes varus / club-foot		splayfoot	
left	right	left	right	left	right	left	right	left	right	left	right	left	right

Gait:	neutral	left	right	rotated outwards	left	right	rotated inwards	left	right

General tone:	hypotonic	left	right	hypertonic	left	right	Heel position:	varus	left	right	valgus	left	right
Heel-ground contact:	present	left	right	not present	left	right	Sensitivity:	low			high		

INSOLE HEEL SHAPE flat heel heel cup light heel shell DESIGN: thin, with PP base plate thick, without PP base plate	Age of the patient:
--	---------------------

	Item number* 1	Foot length* 2	Shoe size	Commission:
Left	PROPRIO®	cm <input type="checkbox"/> Measured on scan without contour line?		
Right	PROPRIO®	cm		

COVER (loose) without Microfibre blue Microfibre green Microfibre orange Microfibre brown Microfibre black Microfaser saffron Microfibre beige Bear textile Silver textile

* 1 Our experts will be pleased to specify the item number for you. Please complete the order form carefully.

* 2 Foot length is measured as follows and without specifying tip additions: on step-in foam from the big toe to the heel, on the blueprint and scan from the contour of the big toe to the contour of the heel. If you use a scanner model, which does not automatically draw the foot contour line (e.g. Rothballer), please tick the box: "measured on scan without contour line"



Send your filled order form as Fax to
+49 (0)30-49 00 03 11

OR



Your order will be send as an email.