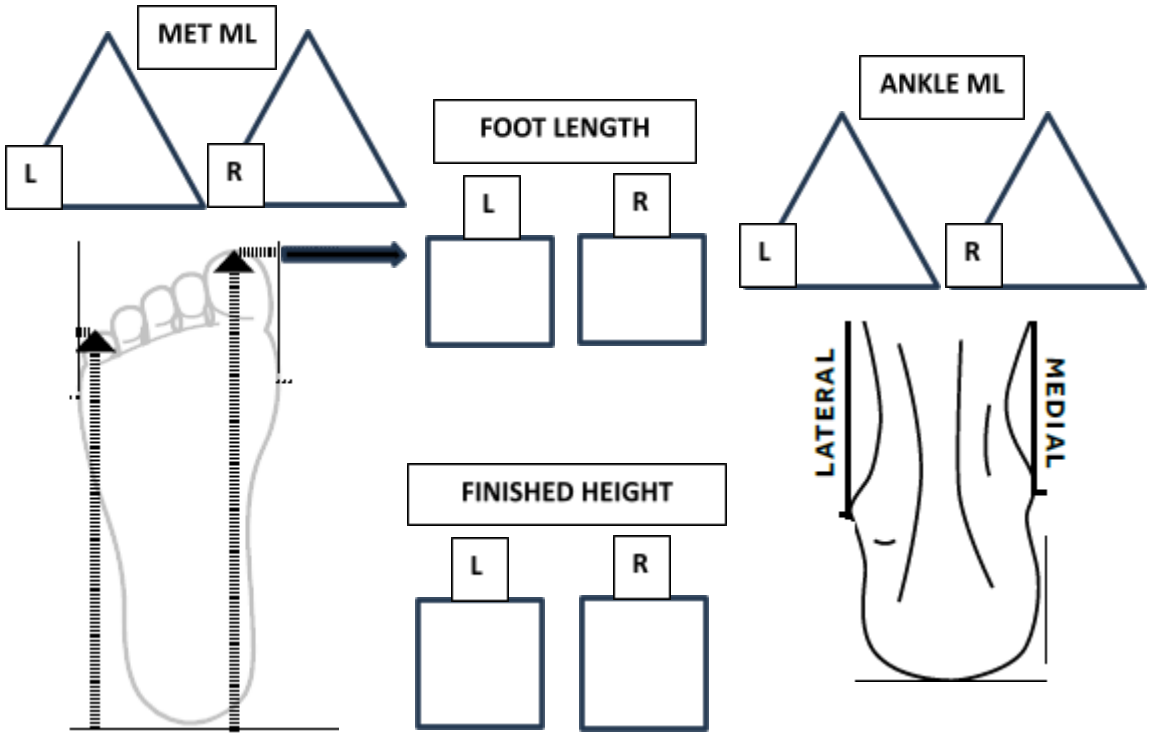
PO#_____

REQUIRED MEASUREMENT FORM FOR SCANNING AND CASTING

EMAIL ORDERS TO: BRACEORDERS@GMAIL.COM
IN SUBJECT LINE WRITE: "SCAN" THEN PURCHASE ORDER NUMBER

IF PATIENT PRESENTATION IS SYMMETRICAL ONLY ONE CAST/SCAN IS REQUIRED PLEASE CHECK THE "MIRROR" BOX BELOW
QUESTIONS: **PLEASE CALL 847-752-5728 AFTER HOURS 605-759-2902**

SCANED FROM ☐ PATIENT **OR** ☐ CAST



SINGLE ☐ LEFT ☐ RIGHT

☐ BILATERAL (L) AND (R) SCANS PROVIDED

☐ MIRROR CAST SYMMETRICAL PRESENTATION

☐ ASYMMETRICAL PRESENTATION DO NOT MIRROR

NOTE: PLEASE DO NOT ADD MORE THAN ¾" TO THE FOOT LENGTH DOING SO CAN CREATE FABRICATION ISSUES DIGITALLY AND CONVENTIONALLY