

1. Company address / Company stamp

Phone.: _____

Fax: _____

Date: _____

Commission: _____

E-Mail (tracking number will be shared): _____

Responsible staff: _____

Signature: _____

2. User details

Ordered with us for this user before? yes no If "yes": S.-Nr./ _____

Date of birth: _____ User size: _____ User weight: _____

Version: both sides left right Activity level: 1 2 3 4 5

Diagnosis: _____

Additional input: _____

Important notes:

1. Next to the complete order form we would need a rectified & smooth plaster positive. As an alternative a rectified CAD-file works as well. A draped PP/PE-cover as well as fitted joints & anker are mandatory.
2. In case the orthosis is planned with joints, please set the pivot point with the recommended tools from the manufacturer.
3. Please mark trim lines with a permanent marker on the plastic or with lead pencil on the plaster.

3. Implementation planning:

Please note: In case there is no selection, our manufacturing will follow the "grey coloured" steps

Pads:

regular malleolus talus (medial) complete foot parital foot

Thickness of the pad : 4 5 6 Colour of the pad: black blue yellow red white pink

Material of the plastic parts: Copolymer PP PE

thickness: 2 3 4

Colour scheme pls check (s. casimo-ot.de): _____

Trim line : "Casimo-Style" acc. to your drawings

Colour of the velcro steps : black white blue yellow red

Please select only one:

Version: posterior leave spring

Version: with joint(s)

spring configuration:

rigit dynamic

joint unilateral joint bilateral

preordered joint(s): _____

Forefood:

"Casimo" Full: flex / rigid

Dummies (malleolus):

only medial only lateral bilateral none

Forefood: rigide dynamic flex

Calf "shell": ventral dorsal

Footplacement for spring alignment (LOP):

normal internal (Degree: ____°)
 external (Degree: ____°)