



Dr. Frank
ORTHOTICS

CUSTOM BRACES

Patient Name _____ Physician _____
Patient ID# _____ Assistant _____
Date of Casting _____ Date of Pickup _____
Casting Location _____ Pickup Location _____

MANDATORY

SHOE SIZE: MENS: _____ WOMEN: _____ **LINING:** 1/16 1/8
BRACE FIT: STANDARD TIGHT **FOOTBED:** METATARSAL
LATERALITY: RIGHT LEFT BILATERAL FULL

STANDARD BRACE: 1/8 Plastic Shell, Distal Trim Line

1 INCH | LACES COMBINATION
 5 INCH | VELCRO

DRESS BRACE: 1/16 Plastic Shell, Proximal Trim Line in Forefoot

1 INCH | LACES
 5 INCH | LACES

ARTICULATING BRACE:

1 INCH | LACES
 5 INCH | VELCRO

Balance Brace

FIRM FLEXIBLE

SPECIAL INSTRUCTIONS: