



ValgaNoodle Order Form

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Company: _____
Location: _____
PO#: _____
Date: _____ Date due: _____
Practitioner: _____
Patient name: _____
Age: _____ Height: _____ Weight: _____
 Male Female
Activity level: _____
Pathology: _____

Cast position _____
Correct to _____

All Casts will be corrected to 90 degrees on a 3/8" heel height and subtalar neutral unless otherwise specified.

	<u>Left</u>	<u>Right</u>
Model:	Posterior- VNP Anterior- VNA	
Strut:	Medial	Lateral
	Solid Dynamic/Flexible* Articulated*: _____	

Footplate:

Flexibility:	Style:
<u>Normal</u>	<u>Standard:</u> 
Stiff	Contoured: 
Extra Stiff	

Practitioner Notes and Drawspace

AFO Height: _____
Footplate Length: _____

Shipping: Ground
 3-day
 2 day
 Next day PM
 Next Day AM

Removable Inner Boot*:

UCBL: 1/8" Polypropylene
SMO: 1/8" Polyethylene

Removable Foot Orthotic*:

Diabetic Insert
Cork/EVA
Rough Cork

T-Strap*:

Color:

Black
Caucasian*
Fabric*: _____