



MAG Orthotics Limited
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MOR Braces - 'Made on Request Braces'

PATIENT NAME

HOSPITAL/ CLINIC

CLINICIAN NAME

CLINICIAN EMAIL

DATE ORDER NO.

BRACE LEFT RIGHT BILATERAL

STANDARD (Lap Over) FLEXIBLE JOINT

BRACE (WINGS) MATERIAL REQUIRED:

Natural Polypropylene

Homopolymer

Polythene

Colour (Specify)

Other Material

Transfer choice 1

Transfer choice 2

THICKNESS:

2mm

3mm

4.5mm

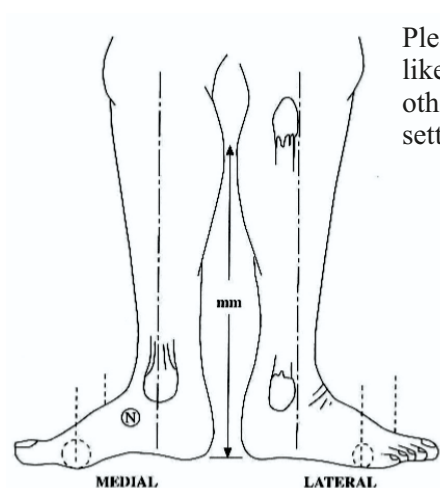
5mm

6mm

LINING (WINGS) REQUIREMENTS

Plastazote Poron PPT LD EVA

Other (Specify)



Please mark where you would like the brace to cover; otherwise standard default settings will be used.



ORTHOTIC LENGTH

3/4 SULCUS FULL

Shoe Size Template Provided*

TOP COVERINGS FOR FOOT SECTION

Length 3/4 To Sulcus Full Length

Material Black Suede Elite EVA Poron Vinyl

Padding Thickness 1mm 2mm 3mm

POSTS - REARFOOT	LEFT	RIGHT
Medial post	<input type="checkbox"/>	<input type="checkbox"/>
Lateral post	<input type="checkbox"/>	<input type="checkbox"/>
Kirby skive	<input type="checkbox"/>	<input type="checkbox"/>
Heel lift	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="text"/>	

POSTS - FOREFOOT	LEFT	RIGHT
Medial post	<input type="checkbox"/>	<input type="checkbox"/>
Lateral post	<input type="checkbox"/>	<input type="checkbox"/>
Kirby skive	<input type="checkbox"/>	<input type="checkbox"/>
Medial Column	<input type="text"/>	
Other	<input type="text"/>	

SELECT ADDITIONS	LEFT	RIGHT
Metatarsal Pad	<input type="checkbox"/>	<input type="checkbox"/>
Metatarsal Bar	<input type="checkbox"/>	<input type="checkbox"/>
Metatarsal Raise	<input type="checkbox"/>	<input type="checkbox"/>
Morton's Extension	<input type="checkbox"/>	<input type="checkbox"/>
Reverse Morton's Ex	<input type="checkbox"/>	<input type="checkbox"/>
FHL Accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Arch Pad	<input type="checkbox"/>	<input type="checkbox"/>
Cuboid Pad	<input type="checkbox"/>	<input type="checkbox"/>
Heel Pad	<input type="checkbox"/>	<input type="checkbox"/>
Heel Spur Pad	<input type="checkbox"/>	<input type="checkbox"/>
Heel Poron Dot	<input type="checkbox"/>	<input type="checkbox"/>
Lesion Accommodation	<i>Annotate on drawing of feet</i>	