



Customer ID: _____ Order Date: _____ PO# _____

BILLING INFORMATION

Facility: _____ Accounts Payable Email _____
Address: _____ City: _____ State: _____ Zip: _____

SHIPPING INFORMATION

☐ Same as Billing

Facility: _____ Practitioner Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Practitioner Email: _____

SHIPPING INFORMATION

☐ Next Day Air ☐ 2 Day Air ☐ 3 Day Air ☐ Ground

*Shipping timeframes are estimates and specific delivery dates cannot be guaranteed.

PATIENT INFORMATION

Last Name: _____ First Name: _____

☐ Male ☐ Female Age: _____ Weight: _____ Height: _____ ☐ LT ☐ RT ☐ BIL ☐ Scan ☐ Cast

Diagnosis/Special Instructions: _____

TYPE OF BRACE

- ☐ Gauntlet 3D COMFORT (All TPU)
☐ Gauntlet 3D PLUS (Recommended for patients over 200 lbs)
 ☐ Plastic Frame
 ☐ Prepreg Carbon Frame
☐ SMO 3D COMFORT (All TPU)
☐ SMO 3D PLUS (Plastic Frame only)

HEEL HEIGHT

☐ 3/8" ☐ 1/2" ☐ 3/4" ☐ Other: _____

FOOTPLATE LENGTH

Full Sulcus 3/4
☐ ☐ ☐



CAST CORRECTIONS

- ☐ Correct to 90 degrees in shoe**
☐ Leave as casted

ENCOMPASSING

☐ 1st Metatarsal ☐ 5th Metatarsal

CLOSURE OPTIONS

☐ Lace ☐ Figure 8 ☐ None

POSTING

☐ Medial ☐ Lateral ☐ Neutral

ADDITIONS

- ☐ Pad Footplate** (Spenco)
☐ Pad Footplate** (Firm Puff)
☐ Coloring Option**
 ☐ Black
 ☐ Transfer Pattern (Carbon Frame Only)

SMO
COMFORT



SMO
PLUS



GAUNTLET
COMFORT



GAUNTLET
COMFORT
**WITH LACER OPTION



GAUNTLET
PLUS



**ADDITIONAL FABRICATION CHARGES WILL APPLY

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