

Isocentric Reciprocating Gait Orthosis (RGO)



Date _____ PO# _____ Patient Name _____
Male/Female _____ Age _____ Weight _____ lbs. Height _____ ft. _____ in. _____
Diagnosis _____ Level _____
Orthotist _____ Phone _____ Fax _____
Ship/Bill to Address _____
City _____ State _____ Zip _____

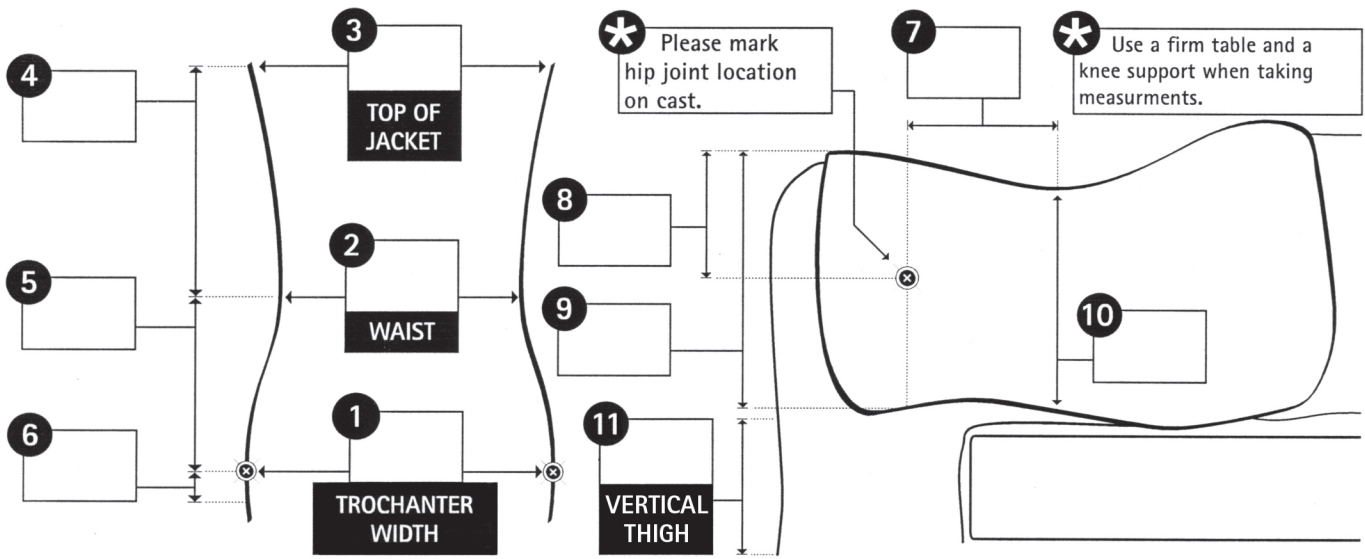
Measurements

Fill out all 10 measurement boxes on this form. Measurements are needed even when you are sending a cast. If you need a custom design or expert advice please let us know.

☐ Cast Included ☐ No Cast

IMPORTANT: Measurement #1 is very crucial for a good fit. Ultimately the measurement in box #1 determines the inside width of the body jacket.

Measurements In: ☐ Centimeters ☐ Inches



Options

Spinal Support ☐ Bivalved Body Jacket ☐ Posterior Shell Only ☐ Buttocks Pad Only ☐ Metal Only ☐ Permanently Attached ☐ Detachable Hip Joints ☐ Conventional ☐ Light ☐ Small ☐ Large ☐ Preselected ☐ Small ☐ Large ☐ Abduction ☐ Small ☐ Large ☐ Quick Disconnect ☐ Small ☐ Large ☐ Push Button - Fillauer ☐ Small ☐ Large ☐ Drop Lock - COD Hip Joint Upper Bars ☐ Regular ☐ Light ☐ Small ☐ Large ☐ Extra Long ☐ Small ☐ Large Lower Bars ☐ Regular ☐ Extra Long AFO's (Cast Above Knee Center) ☐ Standard AFO ☐ External AFO's	Plastic ☐ ABS ☐ White ☐ Black ☐ Copoly ☐ Metal on Top ☐ Metal Under - Call for available colors Chest Strap ☐ White ☐ Black ☐ Tan ☐ Rainbow ☐ With Optional Padded Front Panel ☐ Extra Abdominal Strap ☐ White ☐ Black ☐ Tan ☐ Rainbow ☐ With Optional Padded Front Panel Connectors and Plates Plates ☐ Standard Thickness ☐ Heavy Duty (large only) Optional Connector Type ☐ Standard ☐ Easy Alignment Optional ☐ Heavy Duty Pelvic Band ☐ Regular ☐ Light Duty	Innerface Liner ☐ Pink Plastizote ☐ Single Layer ☐ Double Layer ☐ White Aliplast ☐ Single Layer ☐ Double Layer Knee Joints ☐ Standard ☐ Heavy Duty Knee Joints 1/4 x 1" ☐ Extra Heavy Duty Knee Joints (3/8 x 1" Upper Bar) HC --> KC = _____ KC --> Floor = _____ Contracture ☐ Yes ☐ No Shipping ☐ Next Day ☐ 2-Day ☐ 3-Day ☐ Standard Ground Extras ☐ Ship Assembled (extra charge) ☐ Large Brace Surcharge (for torso sections larger than 15")
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