

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 _____

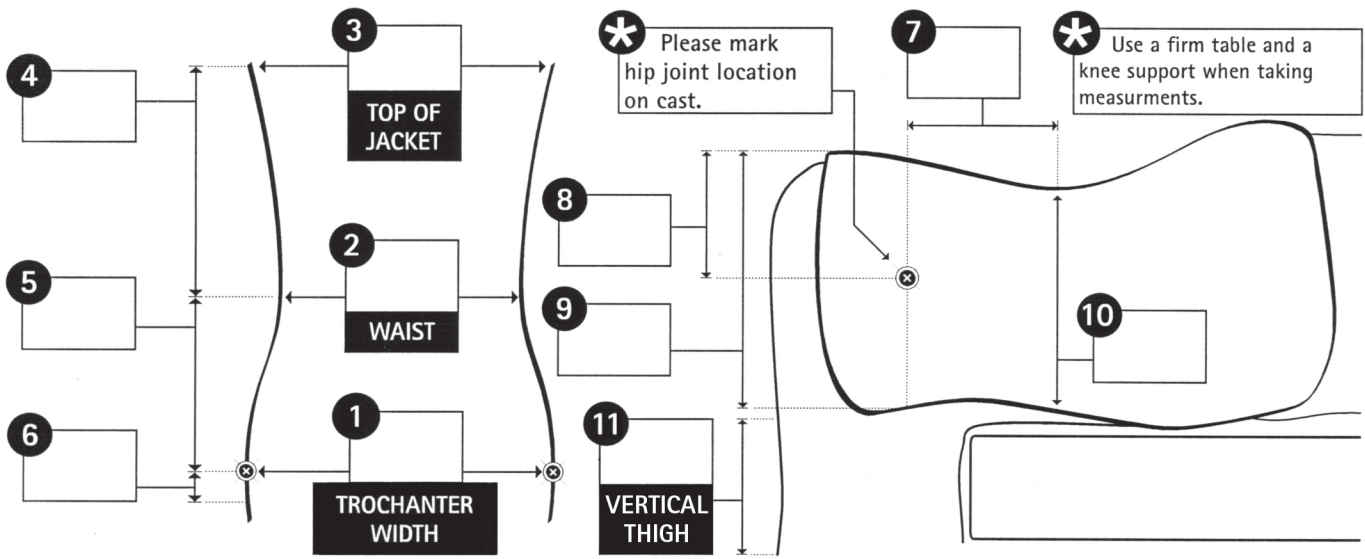
Measurements

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

<p>Spinal Support</p> <ul style="list-style-type: none"><input type="checkbox"/> Bivalved Body Jacket<input type="checkbox"/> Posterior Shell Only<input type="checkbox"/> Buttocks Pad Only<input type="checkbox"/> Metal Only<input type="checkbox"/> Permanently Attached<input type="checkbox"/> Detachable <p>Hip Joints</p> <ul style="list-style-type: none"><input type="checkbox"/> Conventional<ul style="list-style-type: none"><input type="checkbox"/> Light <input type="checkbox"/> Small <input type="checkbox"/> Large<input type="checkbox"/> Preselected<ul style="list-style-type: none"><input type="checkbox"/> Small <input type="checkbox"/> Large<input type="checkbox"/> Abduction<ul style="list-style-type: none"><input type="checkbox"/> Small <input type="checkbox"/> Large<input type="checkbox"/> Quick Disconnect<ul style="list-style-type: none"><input type="checkbox"/> Small <input type="checkbox"/> Large<input type="checkbox"/> Push Button - Fillauer<ul style="list-style-type: none"><input type="checkbox"/> Small <input type="checkbox"/> Large<input type="checkbox"/> Drop Lock - COD <p>Hip Joint Upper Bars</p> <ul style="list-style-type: none"><input type="checkbox"/> Regular <input type="checkbox"/> Light <input type="checkbox"/> Small <input type="checkbox"/> Large<input type="checkbox"/> Extra Long <input type="checkbox"/> Small <input type="checkbox"/> Large <p>Lower Bars</p> <ul style="list-style-type: none"><input type="checkbox"/> Regular<input type="checkbox"/> Extra Long <p>AFO's (Cast Above Knee Center)</p> <ul style="list-style-type: none"><input type="checkbox"/> Standard AFO<input type="checkbox"/> External AFO's	<p>Plastic</p> <ul style="list-style-type: none"><input type="checkbox"/> ABS<ul style="list-style-type: none"><input type="checkbox"/> White <input type="checkbox"/> Black<input type="checkbox"/> Copoly<ul style="list-style-type: none"><input type="checkbox"/> Metal on Top <input type="checkbox"/> Metal UnderCall for available colors <p>Chest Strap</p> <ul style="list-style-type: none"><input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Tan <input type="checkbox"/> Rainbow<input type="checkbox"/> With Optional Padded Front Panel <p><input type="checkbox"/> Extra Abdominal Strap</p> <ul style="list-style-type: none"><input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Tan <input type="checkbox"/> Rainbow<input type="checkbox"/> With Optional Padded Front Panel <p>Connectors and Plates</p> <p>Plates</p> <ul style="list-style-type: none"><input type="checkbox"/> Standard Thickness<input type="checkbox"/> Heavy Duty (large only) Optional <p>Connector Type</p> <ul style="list-style-type: none"><input type="checkbox"/> Standard<input type="checkbox"/> Easy Alignment Optional<input type="checkbox"/> Heavy Duty <p>Pelvic Band</p> <ul style="list-style-type: none"><input type="checkbox"/> Regular<input type="checkbox"/> Light Duty	<p>Innerface Liner</p> <ul style="list-style-type: none"><input type="checkbox"/> Pink Plastizote<ul style="list-style-type: none"><input type="checkbox"/> Single Layer<input type="checkbox"/> Double Layer<input type="checkbox"/> White Aliplast<ul style="list-style-type: none"><input type="checkbox"/> Single Layer<input type="checkbox"/> Double Layer <p>Knee Joints</p> <ul style="list-style-type: none"><input type="checkbox"/> Standard<input type="checkbox"/> Heavy Duty Knee Joints 1/4 x 1"<input type="checkbox"/> Extra Heavy Duty Knee Joints (3/8 x 1" Upper Bar) <p>HC --> KC = _____ KC --> Floor = _____</p> <p>Contracture</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Shipping</p> <ul style="list-style-type: none"><input type="checkbox"/> Next Day<input type="checkbox"/> 2-Day<input type="checkbox"/> 3-Day<input type="checkbox"/> Standard Ground <p>Extras</p> <ul style="list-style-type: none"><input type="checkbox"/> Ship Assembled (extra charge)<input type="checkbox"/> Large Brace Surcharge (for torso sections larger than 15")
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