

## 225-273-1900 · Fax: 225-273-5555

info@stillmeinc.com

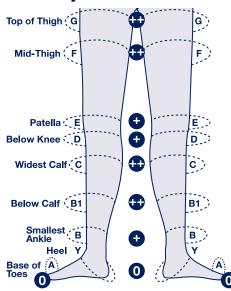
Patient: Last Name:	First Name
Fitter:	Clinic
Fitter Title:	_ (example: PT/OT/PTA)
Date:	

## OBST/ Confidence® Order Form AD/AG

	Left Right			
	Right			
Special AD/AG Options  Lateral Rise =10% of circumference at D/G and is not adjustable (ex: if cD/cG is 35cm then lateral rise is 3.5cm)  Ankle Comfort Comfort Zone Zone		Decorative Options  ☐ Decorative Line (Front of garment) ☐ Patient Initials Max 2 letters (A-Z)		
	Without Silicone	☐ 5 cm Dotted	Band With Lateral	Rise (Standard)
	Zone AD	Comfort Comfort Zone Zone  AD Band Options  Without Silicone SoftFit Band AD	Comfort Zone ☐ Patient Ini  AD Band Options ☐ Without Silicone ☐ SoftFit Band AD ☐ 5 cm Dotted ☐ 5 cm Dotted ☐ 5 cm Dotted	Comfort Zone ☐ Patient Initials Max 2 letters (A  AD Band Options ☐ Without Silicone ☐ SoftFit Band AD ☐ Som Dotted Band Without Lateral ☐ 5 cm Dotted Band Without Lateral ☐ 5 cm Dotted Band Without Lateral

light tension

## heavy tension



Circumfe	Circumference (c)		Length (l): Taken from each landmark to floor	
Left	Right	Left	Right	
<b>cG</b>		l <b>G</b>		
c <b>F</b>		lF		
c <b>E</b>		lE		
c <b>D</b>		l <b>D</b>		
c <b>C</b>		l <b>C</b>		
c <b>B1</b>		<i>l</i> <b>B1</b>		
c <b>B</b>		l <b>B</b>		
c <b>Y</b>		lA (medial)		
c <b>A</b>		<pre>l♠ (lateral)</pre>		

Straight Open Toe Length					
Lateral	cm				
☐ Straight Closed Toe Length					
Total Foot	cm				
☐ Slant Open Toe Length					
Medial	cm				
Lateral	cm				
Slant Closed Toe Length					
Medial	cm				
Lateral	cm				
Total Foot	cm				
Medial Lateral Total oot Length					



\* Design Pressure \*\* See Special Options for lateral rise