SURE STABILITY™ BRACE

ORDER / SPECIFICATION FORM

42 Breckenridge Street | Buffalo, New York 14213 | (800) 843-6653 or (716) 881-4484
Fax: (716) 881-0406 Email: info@niagarabrace.com Web: www.niagarabrace.com

DATE _____

SHIP TO: P.O. # _____

Name_____

Address_____

City_____ State_____ Zip_____

Contact person regarding order_____

Email _____

Phone #_____

Fax # _____

BILL TO:

Name_____

Address_____

City_____ State_____ Zip_____

PT NAME:_____

Sex _____ Weight _____ Age_____

Ankle Range of Motion:

Dorsiflexion — ❑ Fixed/Fused ❑ Mobile/Normal

Plantarflexion — ❑ Fixed/Fused ❑ Mobile/Normal

Hindfoot — ❑ Flexible — Correct to Neutral
❑ Rigid — Do Not Correct/Requires Extrinsic Posting

Forefoot — ❑ Flexible — Correct to Neutral
❑ Rigid — Do Not Correct/Requires Extrinsic Posting

Type of Brace

❑ Solid

❑ Cutout Heel (remove plastic only)

Color of Covering and Lining

❑ Black Mesh Fabric

❑ Tan Mesh Fabric

Closure

❑ Two Velcro Straps

❑ Two Velcro Straps w/D-Rings

Polypropylene Thickness

❑ 3mm

❑ 4mm

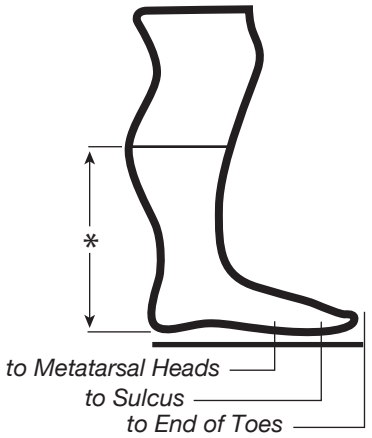
❑ 5mm

Height

* From Plantar Surface of Heel to Topline of Brace

❑ 5"(127mm) ❑ 7"(178mm) ❑ 9"(229mm)

❑ Custom (Specify) _____



Length of Foot Plate

❑ To Metatarsal Heads ❑ To Sulcus

❑ To End of Toes

Additional Comments _____

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Cast should be taken in a comfortable functional position, semi-weight bearing

❑ RF Only ❑ LF Only ❑ Bilateral

Niagara BRACE a Tru-Mold Shoes Company

Rev 5-17