



**MAG Orthotics Limited**  
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# MOR Braces - 'Made on Request Braces'

PATIENT NAME

HOSPITAL/ CLINIC

CLINICIAN NAME

CLINICIAN EMAIL

DATE  ORDER NO.

BRACE LEFT  RIGHT  BILATERAL

STANDARD (Lap Over)  FLEXIBLE JOINT

**BRACE (WINGS) MATERIAL REQUIRED:**

Natural Polypropylene  Homopolymer  Polythene

Colour (Specify)

Other Material

Transfer choice 1

Transfer choice 2

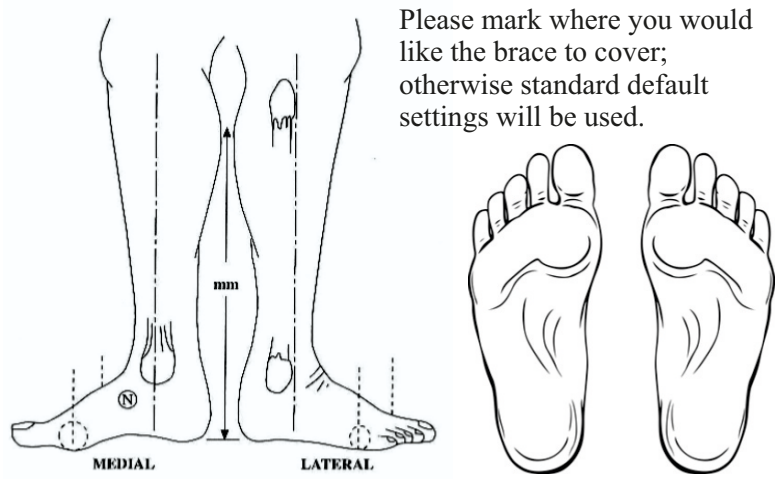
**THICKNESS:**

2mm  3mm  4.5mm  5mm  6mm

**LINING (WINGS) REQUIREMENTS**

Plastazote  Poron  PPT  LD EVA

Other (Specify)



**ORTHOTIC LENGTH**

3/4  SULCUS  FULL

Shoe Size  Template Provided\*

**TOP COVERINGS FOR FOOT SECTION**

Length 3/4  To Sulcus  Full Length

Material Black Suede  Elite EVA  Poron  Vinyl

Padding Thickness 1mm  2mm  3mm

**POSTS - REARFOOT**

	LEFT	RIGHT
Medial post	<input type="checkbox"/>	<input type="checkbox"/>
Lateral post	<input type="checkbox"/>	<input type="checkbox"/>
Kirby skive	<input type="checkbox"/>	<input type="checkbox"/>
Heel lift	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="text"/>	

**POSTS - FOREFOOT**

	LEFT	RIGHT
Medial post	<input type="checkbox"/>	<input type="checkbox"/>
Lateral post	<input type="checkbox"/>	<input type="checkbox"/>
Kirby skive	<input type="checkbox"/>	<input type="checkbox"/>
Medial Column	<input type="text"/>	
Other	<input type="text"/>	

**SELECT ADDITIONS**

	LEFT	RIGHT
Metatarsal Pad	<input type="checkbox"/>	<input type="checkbox"/>
Metatarsal Bar	<input type="checkbox"/>	<input type="checkbox"/>
Metatarsal Raise	<input type="checkbox"/>	<input type="checkbox"/>
Morton's Extension	<input type="checkbox"/>	<input type="checkbox"/>
Reverse Morton's Ex	<input type="checkbox"/>	<input type="checkbox"/>
FHL Accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Arch Pad	<input type="checkbox"/>	<input type="checkbox"/>
Cuboid Pad	<input type="checkbox"/>	<input type="checkbox"/>
Heel Pad	<input type="checkbox"/>	<input type="checkbox"/>
Heel Spur Pad	<input type="checkbox"/>	<input type="checkbox"/>
Heel Poron Dot	<input type="checkbox"/>	<input type="checkbox"/>
Lesion Accommodation	<i>Annotate on drawing of feet</i>	