

PATIENT NAME

Male

Female

Age

Weight:

Diagnosis:

Had Rightway CMS Before

Date

If yes Order Date/ PO NO#

BILL TO:

Company Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Practitioner Name:

PO Number:

Dimensions*

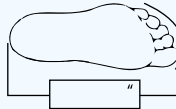
Please provide circumference

Left

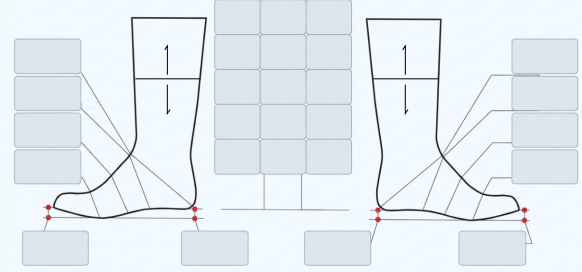
Height

Right

Indicate Location
for Reliefs



☐ CM ☐ IN ☐ MM



SHIP TO:

☐ Same As Billing

Company Name:

Address:

City:

State:

Zip:

Phone:

Fax:

E-Mail:

No. of pairs*

Or Left Only: / Right Only:

Gauntlet AFO Collection

☐ Rightway Premium
Leather Gauntlet



☐ Rightway Stability
Leather Gauntlet



☐ Rightway Flex
Leather Gauntlet



☐ Rightway Active
Mesh Gauntlet



☐ Rightway Extended
Leather Gauntlet



☐ Rightway
SMO



☐ Rightway Balance
Brace



Cast Modification

Default correction is set to 90° on a 3/8" footboard.

- ☐ Correct to 90° to the floor ☐ Correct Ankle Varus / Valgus
☐ Correct Forefoot to Neutral ☐ Leave cast exactly as is

Removable Custom Molded Inserts

Material: ☐ 1/4" Pink + 1/8" PPT + 1/4" White

Top Cover*: ☐ Leather ☐ Spenco® ☐ PPT ☐ Other

Extra Insert*: ☐ 1 pair ☐ 2 pairs ☐ Other Quantity

☐ Met Pad* ☐ Met Bar*

Colour

Closure Type

- ☐ Velcro D-ring: ☐ Normal Direction ☐ Reverse Direction
☐ Velcro Flat: ☐ Normal Direction ☐ Reverse Direction

☐ Combo of those Selected

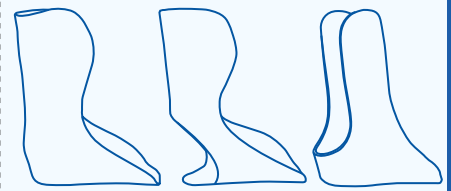
☐ SpeedLace*

☐ Hook*

☐ Laces

☐ Special Instruction

☐ Full Heel ☐ Open Heel ☐ Leaf Heel



[RWH-001]

[RWH-002]

[RWH-003]

Trim line

If Articulating

- ☐ Flexure
☐ Dorsi-Assist

Height*

(Options not available on Rightway SMO)

- ☐ 5" Above Ankle ☐ 9" Above Ankle
☐ Full Calf Height
☐ Other

Foot Plate Length

- ☐ Standard (Behind metatarsal head)
☐ Sulcus Length
☐ Full Length

Would you like Rightway CMS Support Team to
contact you regarding this order?

☐ Yes ☐ No

SPECIAL INSTRUCTIONS