

# T.R.O..

## Measurement Form



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LEFT ☐ RIGHT ☐ BILATERAL ☐

CORRECT FOR TONE REDUCTION: YES ☐ NO ☐

CORRECT CAST TO \_\_\_\_\_ DEGREES OF DORSIFLEXION

HEIGHT IN INCHES \_\_\_\_\_

DEGREES OF INVERSION/EVERSION \_\_\_\_\_

MATERIALS DESIRED \_\_\_\_\_

THICKNESS DESIRED \_\_\_\_\_

COLOR OF PLASTIC \_\_\_\_\_

FOAM PADDING TYPE \_\_\_\_\_

COLOR OF PADDING \_\_\_\_\_

*(please indicate pads on diagram)*

### VELCRO CLOSURES NEEDED

INSTEP STRAP ☐

FORE FOOT STRAP ☐

GREAT TOE STRAP ☐

PROXIMAL STRAP ☐

STRAP COLOR \_\_\_\_\_

DECORATIVE RIBBON STYLE \_\_\_\_\_

### POSTING INSTRUCTIONS

NO POSTING ☐ POST HEEL ONLY ☐ POST ENTIRE BOTTOM ☐

POSTING MATERIAL \_\_\_\_\_

PATIENT IDENTIFICATION \_\_\_\_\_

SHIP TO \_\_\_\_\_

SHIP VIA \_\_\_\_\_



*Please indicate trim lines on the diagram. Thank you!*

Without complete and accurate measurements  
we cannot warranty the fit of any orthosis.

### ADDITIONAL INSTRUCTIONS

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MEASURED BY \_\_\_\_\_

BILL TO \_\_\_\_\_

P.O. # \_\_\_\_\_

DATE DUE \_\_\_\_\_