

Trinity Pro Ankle Brace Form

| DOCTOR & PATIENT INFORMATION | |
|---|--|
| Address: _____ | State: _____ Zip: _____ |
| City: _____ | ACCT#: _____ |
| Patient Name: _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ |
| Height: _____ | Weight: _____ Shoe Size: _____ |
| Shoe Type: _____ | Shoes Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cast enclosed for <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L | |
| PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST! | |

DIAGNOSIS:

Trinity Pro Ankle Brace PRESCRIPTION

- ☐ **Trinity Pro Ankle Brace (standard):** *Full Flexion Ankle Hinge Pivot.*
Can include enhancements for Posterior Tibial Tendon Dysfunction (check any or all):
 Medial Heel Skive ☐ 4mm ☐ 6mm Navicular Accommodation ☐ (please mark negative cast)
 Adjust Limb Uprights for Tibial Varum ☐ Yes ☐ No (see measurements above)
 FOR SEVERE PTTD, RECOMMENDED MEDIAL ARCH SUSPENDER (SEE BELOW)

SPECIAL MODIFIED VERSIONS OF STANDARD Trinity Pro Ankle Brace:


- ☐ **Trinity Pro Ankle Brace** - *Pediatric application for shoe size 4 and under.*

- ☐ **Trinity Pro Ankle Brace DYNAMIC ASSIST:** *Full flexion pivot with spring hinges for dorsiflexion assist.*
Patient requirements: 1. Dropfoot 2. Ankle dorsiflexion to at least 90° to leg 3. Stable knee (must have all 3)

ALL Trinity Pro Ankle Brace HAVE THE FOLLOWING STANDARD FEATURES:

- | | | |
|-------------------|-----------------------------------|------------------------------------|
| - Top Cover – EVA | - Cover Length - Sulcus | - Limb Uprights Supports – Aligned |
| - Color – Black | - Orthotic Foot Plate – Intrinsic | Perpendicular to Foot Plate |
| - UCBL footplate | Balance to Perpendicular | - Heel Stabilizer Bar - Included |

Your prescription is now complete, unless you wish to make any modifications:

| | |
|---|--|
| SPECIAL INSTRUCTIONS: | |
| | |
| | |
| | |
| | |
| Accommodation location(s): (mark on illustration and on cast) | |
|  | |

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