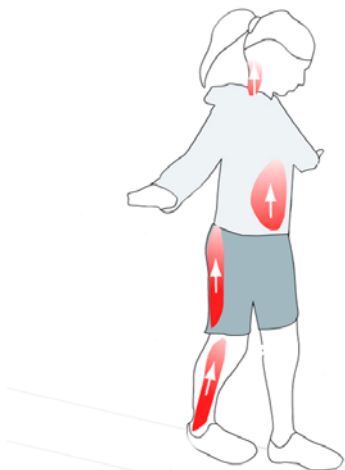










PROPRIO[®] Order Form

Contact Partner: _____

Phone: _____



Indication:								Age of Patient:			
											
Pointed foot		nock foot/ Flat foot/ Fallen arches		Hollow foot		Sickle foot		Clubfoot		Splayfoot	
left	right	left	right	left	right	left	right	left	right	left	Right

Tone:	Hypotonic	li	re	Hypertonic	li	re	Heel position:	Varus	li	re	Valgus	li	re
Walk:	 Inside-rotate	li	re	 Outside-rotate	li	re	Perception:	Good			Poor		
Heel-Floor Contact:	Exists	li	re	Does not exist	li	re	Sensitivity:	Slight			High		

	Article number	Foot length	Shoe size	Commission
Left	PROPRIO [®]	cm		
Right	PROPRIO [®]	cm		

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