

Patient's Name:

N°File:

Applicator :

N°apparatus :

Society/Establishment :

Order Date:

Test :

Delivery :

**AGE :**

**WEIGHT :**

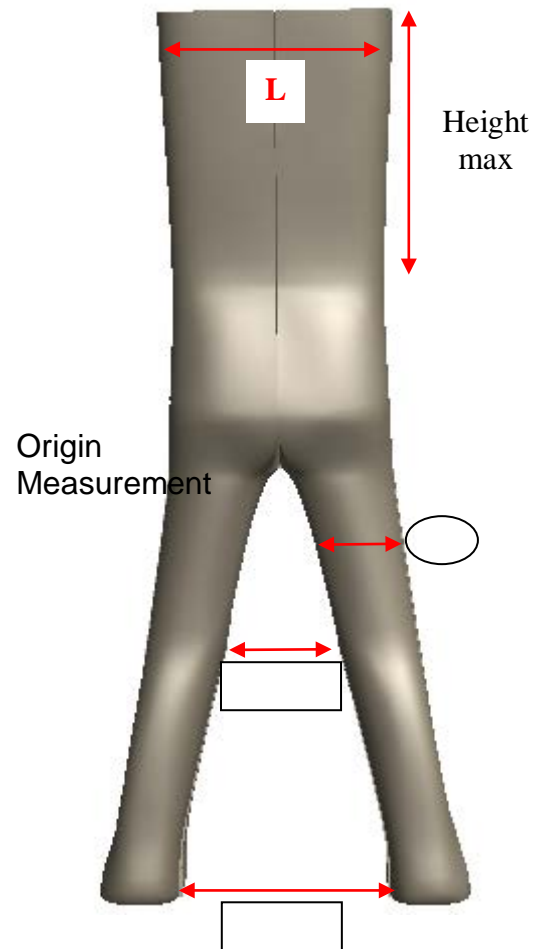
**SIZE :**

M

F

Anterior Orthosis  Posterior Orthosis

	Width	Depth	Height
Height max			
Under Axis			
Height			
Trochanter			
Leg measurement			
Knee			
Ankle			
Foot			



Flexing Trochanter : .....°

Flexing Knee : .....°

Stuffing : .....°

Lordosis :  delordosis  hyperlordosis  Physio

Knees :  Valgum :...°  Varum  Physio

Ankles :  Valgus :...°  Varus  Physio

Other information :

