RGO Custom Order Form



Company	Practitioner	2710 Amnicola Highway Chattanooga, TN 37406 423.624.0946
Account No.	Phone	centralfab@fillauer.com
Address Line 1	Email	
Address Line 2	Purchase Order	
City, State, Zip	Patient ID	

Initial Intake

Age	Height	Weight	Sex	Diagnosis	
	□ in. □ cm	□ lbs. □ kg	□ Male □ Female		
Lower Extremity	Range of Motion				
Contracture(s)		Left Side		Right Side	
Ankle Knee Hip		□ No □ Yes Degre	e:	□No □Yes Degree □No □Yes Degree	9:
Contraindications to Consider					
 Severe irreducible contractures that prevent establishing normal alignment. Spasticity or other involuntary muscle activity that prevents free and coordinated mobility. Obesity Poor upper extremity strength. 			Contact Fillauer to discuss		

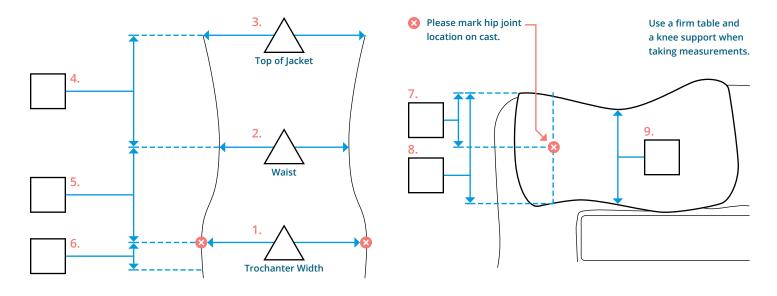
Pelvic Section

Reciprocator	□ Horizontal Cable □ I	Horizontal Cable Rocker Bar / Isocentric				
LSO Material	□ Plastic* □ Metal (Fo	□ Plastic* □ Metal (Foam-lined Bands)				
Plastic LSO Options	Under 85 lbs. (38 kg)	86 – 120 lbs. (39 – 54 kg)	121 – 175 lbs. (55 – 79 kg)	175 – 250 lbs. (80 – 113 kg)		
Plastic	□ ½ in. ABS* □ ½ in. Copolymer**	□ ¾6 in. ABS* □ ⅔2 in. Copolymer**	□ ¾6 in. ABS* □ ¾6 in. Copolymer**			
Liner	□ Double ¼ in. Volara* □ Single ¼ in. Volara	□ Single ¼ in. Volara* □ Double ¼ in. Volara				
Liner / Plastic / Straps Color	□ Black* □ White □ Transfer Part No.:			Distributor:		
Anterior Closure	□ Proximal Strap* □ A	□ Proximal Strap* □ Apron □ Bivalve				
	Under 85 lbs. (38 kg)	86 – 120 lbs. (39 – 54 kg)	121 – 175 lbs. (55 – 79 kg)	175 – 250 lbs. (80 – 113 kg)		
Hip Joint	□ Latch Knob* □ Push Button □ RGO II with Abduction	□ Push Button* □ RGO II with Abduction				
Upper Bars	□ Standard* □ Length	□ Standard* □ Lengthened				

Measurements

Fill out all 9 measurement boxes on this form. Measurements are needed even when you are sending a cast. If you need a custom design or expert advice, please let us know. **Important:** Measurements 1 –7 are crucial for a good fit.

Measurements in:



KAFO

Number of Uprights	Double* Single	Double* Single			
AFOs	□ Internal* □ Extern	□ Internal* □ External (Cast must be done over the shoe)			
Inner Boot	□No* □Yes***	□ No* □ Yes***			
Knee Joint	Becker Drop Lock*	□ Becker Drop Lock* □ Becker Drop Lock with Retainers □ StepLock □ InterLock			
Knee Joint Bail	Bail for Interlock or	Bail for Interlock or Steplock Provided by Clinician Becker Bail Lock			
	Under 85 lbs. (38 kg)	86 – 120 lbs. (39 – 54 kg)	121 – 175 lbs. (55 – 79 kg)	175 – 250 lbs. (80 – 113 kg)	
Plastic	□ ¾6 in. Polypro			🗆 ¼ in. Polypro	
Upright Material and Size	□ ¾ ₆ × % in. Al* □ ¾ ₆ × ½ in. Al	□ ¾ ₁₆ × ⅔ in. Al* □ ¾ ₁₆ × ¾ in. Al	□ ¾ ₁₆ × ¾ in. Al* □ ¾ ₁₆ × ¾ in. SS □ ¼ × ¾ in. Al	□ ¾ ₁₆ × ¾ in. SS* □ ¼ × ¾ in. Al □ ¼ × 1 in. Al	
Growth Extension on thigh	□Yes* □No	□No	!		
Ankle	□ Solid Ankle without Reinforcement* □ Solid Ankle with Reinforcement □ Fillauer Double Action*** □ Provided by Clinician***	□ Solid Ankle with R □ Solid Ankle withou □ Fillauer Double Ao □ Provided by Clinic	ut Reinforcement ction***		

Options (Additional Charge)

- □ Nighttime AFO (Copolymer)
- □ Pretibial shell (PE)
- □ Molded inner boots

□ Crepe buildup or wedging per side per ½ in. over ½ in. on External AFO only

□ Growth Extension below the knee

- □ Padded legs
- *Standard **Standard with transfer paper ***At an additional charge

All measurements MUST be provided, even when sending a cast.

- Provide all measurements, especially the M-L diameters taken with a caliper gauge.
- 2. Supply a profile tracing from axilla to feet.
- 3. Plaster molds of each extremity are required.
 - Maintain ankle joint in neutral position for low heel shoe.
 - Correct ankle inversion or eversion as much as possible.
 - Reduce knee valgus or varus
 - Use a right angle casting board
- 4. When a plastic pelvic band is desired, refer to special casting suggestions in the RGO Fabrication Manual.

Cast Mold Corrections

Ankle

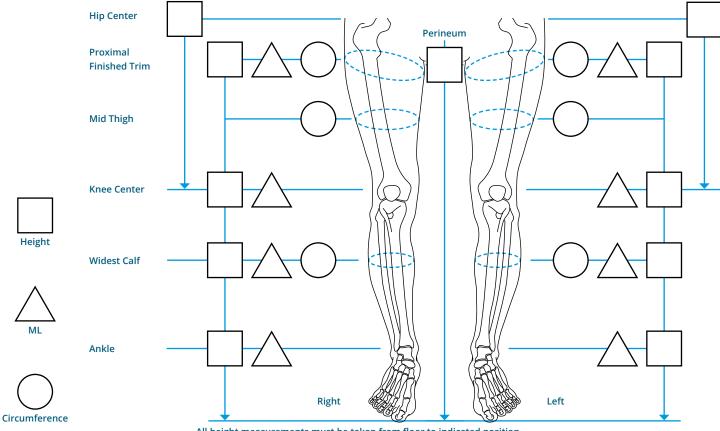
Specify up to 10°

- □ Please correct forefoot to ____
- □ Please correct rearfoot to ____
- No Corrections, casted in correct position

Knee

Specify up to 10° extension reduction or 20° of flexion reduction

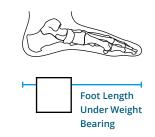
- □ Please correct, set knee hinges at 0°
- Please correct, set knee hinges at ______° of flexion
- No Corrections, set knee hinges at casted position

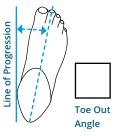


All height measurements must be taken from floor to indicated position.

Foot Measurements







Additional Instructions