

## Order form UTX orthosis

Reference and gender: M      F

Date of birth:

Leg side: Left leg Right leg Both sides

Height: CM

Weight: KG

Pathology:

Hip extensor strength: MRC

Knee extensor strength: MRC

UTX model: SWING STABIL FREE

Genu Recturvatum: No Yes→P3/P4 POST: No Yes

Function in frontal plane: Unilat FS Lat FS Med

Function in ankle: EZ DZ ESF<sup>1</sup> ESC<sup>1</sup> + AFO

Foot support: Starflex Novasoft Flat stainless

Shoe size:

Foot support mounted by: Ambroise Orthotist

Thicknes inlay on top of stirrup: CM

Correction valgus/ varus: Degrees

LM – Floor: CM

MM – Floor: CM

LM – KA: CM

Comments:

Company name:

Orthotist:

Order number:

Desired delivery date: YYY.MM.DD

**PAY ATTENTION!** Upload the frontal and sagittal photos as an attachment in the email.  
For details read the photo measurement manual at [www.ambroise.nl](http://www.ambroise.nl)