

Dynamic Control Orthosis (DCO) Order Form

Return this form with cast to:

United States 2905 Veterans Hwy • Ronkonkoma • NY • 11779

T: 800.645.5520 • F: 800.419.0772

Canada 160 Markland Street • Markham • Ontario • L6C 0C6

T: 877.644.4344 • F: 877.551.3001

Lab Use Only

Opened By: _____

Date Received: ____ / ____ / ____

Incoming Postage: _____

Account # _____ P.O. # _____

Account Name: _____

E-Mail: _____

Practitioner: _____

Phone: _____ Fax: _____

Address: _____

City, ST/Province: _____

Zip/Postal Code: _____

Patient Name: _____

Date of Birth: ____/____/____ Sex: ☐ M ☐ F

Height: _____ Weight: _____ Shoe Size: _____

☐ SHOES ENCLOSED

Primary Activity for Orthotic Use: _____

Diagnosis: _____

DYNAMIC CONTROL ORTHOSIS (DCO)



☐ DCO



☐ DCO w/ Dorsi-Assist*



☐ DCO w/ Variable ROM*

* Charge option

☐ Right ☐ Left ☐ Bilateral

☐ 90 Degree Stop (Charge option) ☐ DCO w/ Overlap Hinge ☐ Pre-Tibial Shell

Optional Topcovers:

☐ 3/16" PPT Plastazote ☐ 1/8" Neoprene ☐ 1/8" Multi-color medium density EVA topcover

Post Specifications:

Rearfoot ☐ Intrinsic ☐ Extrinsic

☐ Post according to lab evaluation ☐ 0 Degrees ☐ 3 Degrees ☐ 5 Degrees

Forefoot ☐ Intrinsic ☐ Extrinsic

☐ Post according to lab evaluation ☐ 0 Degrees ☐ 3 Degrees ☐ 5 Degrees

Heel Cup Depth:

☐ 10mm ☐ 15mm ☐ 35mm (standard)

Required Measurements:

Width of forefoot at metatarsal heads ____ in Circumference above ankle ____ in

Width of ankle joint at widest point ____ in Circumference at 3" above ankle ____ in

All braces ship with a free STS Casting Sock. If no size is selected, a large sock will be sent.

☐ Small ☐ Medium ☐ Large ☐ X-Large

Lab Cast Correction Fee:

Correction to the AFO after fabrication will incur charge. To avoid additional charges, casts must be taken with the ankle at 90 degrees neutral and the foot in subtalar neutral.