

WorryFreeDME

Moore Balance Brace Order Form



MBB



MBB
Diabetic

Closure (default to Velcro unless otherwise noted):

Velcro

Lace

Combination

Color (default to black unless otherwise noted):

Black

Sand

Patient Information:

Last Name: _____

First Name: _____

Weight: _____ Height: _____

Functional Fall Risk Assessment Total: _____

Gender M F Bilateral Right Left

Shoe Size: Length _____ Width _____

MBB Considerations:

- See the Library section of SafeStep website for “Fall Prevention Assessment Template” – This easy to use form is an excellent way to assess fall risk and provide compliance documentation
- See the SafeStep website for prescription forms and compliance documentation templates
- A physical/occupational therapy referral is strongly recommended for further assessment and treatment for imbalance
- Consider prescription for home health care services for homebound patients
- Use Standard Arizona AFO style bracing if significant PTTD or other frontal plane deformity is present
- Moore Balance Brace is NOT indicated for PTTD, Charcot, moderate to severe drop foot, osteoarthritis, accommodation of plantar prominences or whenever significant frontal plane support is required
- MBB Diabetic features bilaminar flat spacer to place into shoe and cushion forefoot

Account Information:

Account Name: _____

Practitioner: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Fax: () _____

Diagnosis:

- Muscle weakness, generalized (M62.81)
- Ataxic gait (R26.0)
- Difficulty in walking (R26.2)
- Unsteadiness on feet (R26.81)
- Other abnormalities of gait and mobility (R26.89)

Primary osteoarthritis, ankle and foot
 right (M19.071) left (M19.072)

Pain in ankle and joints of foot
 right (M25.571) left (M25.572)

Other specific joint derangements of ankle, not elsewhere classified

right (M24.871) left (M24.872)

Other specific joint derangements of foot, not elsewhere classified

right (M24.874) left (M24.875)

Foot Drop, acquired

right (M21.371) left (M21.372)

Hemiplegia

- affecting dominant side (438.21)
- affecting nondominant side (438.22)

Others: _____

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Casting Information:

Unless noted below, the cast will be set in slight plantar flexion so the AFO will be at a 90 degree angle to the floor when in a shoe.

Ankle Joint Sagittal Plane Position

- Correct cast 90 degrees to the floor (default)
- Leave cast as is

Forefoot to Rearfoot

- Correct to neutral (default)
- Leave as in cast:
fixed in _____ degrees varus, _____ degrees valgus

Frontal Plane

- Correct ankle varus / valgus

If ankle and/or foot position are correctable, it is highly recommended that you capture it at time of casting to obtain best result.

Special Casting Instructions: _____

STS Casting Socks:

STS MID-LEG CASTING SOCKS (box of 10) Medium Large Extra large Free STS Casting Sock (One with each AFO upon request)

Shipping Instructions:

- Normal: 2 weeks in lab
- 7 days in lab rush: \$50
- 3 days in lab rush: \$75

Please Send:

- FREE UPS shipping labels
- MBB Order Forms
- AZ AFO Order Forms
- SafeStep Shoe Catalog
- Casting Platform
- Fall Risk Assessment Forms
- Patient Fall Prevention Brochures
- Office Fall Prevention Poster

