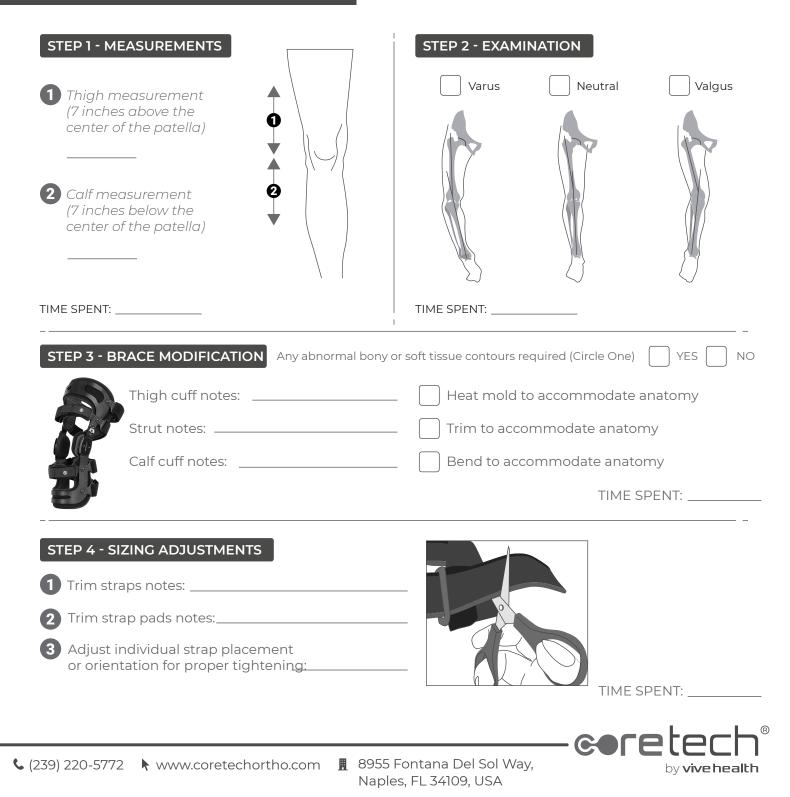


Dual Offloader Documentation Worksheet

For use with products manufactured by Coretech® medical products only. This product is intended for application by health care practitioners as directed by a physician or other qualified medical authority. This is a prefabricated orthotic. It is intended to be customized to an individual patient. Follow the steps below to customize.

Doctor:	Fitter:
Patient Name:	Date:
Patient #:	Follow-Up:

Tools: Scissors, Tape Measure, Bending Tools, Heat Gun



STEP 5 - RANGE OF MOTION

Range of motion control required?

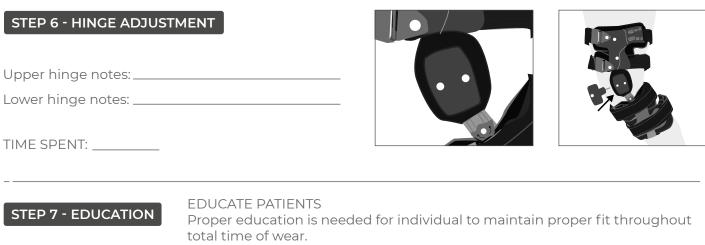
NO YES

Stop requirement needed (Circle One): Extension: 0°, 10°, 20°, 30°, 40° Flexion: 0°, 10°, 20°, 30°, 45°, 60°, 75°, 90° Stop notes:

TIME SPENT: _____







STEP 7 - EDUCATION	EDUCATE PATIENTS Proper education is needed for individual to maintain proper fit throughout total time of wear.	
ltems to educate patients on:	Don and Doff	Proper cleaning
TIME SPENT:	Proper placement of brace	Follow up appointments

CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE

TOTAL TIME TO CUSTOMIZE BRACE:

