

AFO Order Form

Whenever possible take a weight bearing cast. Its important simulate a weight bearing condition when a cast or scan is taken. Completing the information below will insure an accurately made devise that is lightweight and functions well for your patient.

Patient / Practitioner Information

Patient _____		Height _____		Weight _____		Age _____	
Ankle position during weight bearing _____		Varus _____		Valgus _____		Neutral _____	
Activity level _____		Low: Community ambulation, Mainly on level surfaces Moderate: Average walking, variable speeds High: Variable speeds and terrain, light lifting, occasional recreation Extremely High: Rigorous and variable walking, heavy labor/sports					
Diagnosis _____				PO# _____			
Facility _____				Practitioner _____			
Phone# _____				Best time to call _____			

Design Information

Lateral Struts	Medial Struts	Ankle stability / knee control
<input type="radio"/> FlexorBand	<input type="radio"/> Medial strut / Calf Band	<input type="radio"/> Solid Ankle Anterior medial
<input type="radio"/> Lateral strut "t" top	<input type="radio"/> Medial strut-Anterior shell	<input type="radio"/> Solid Ankle Posterior
<input type="radio"/> Posterior Lateral Strut	<input type="radio"/> Medial strut-Posterior Calf	<input type="radio"/> Partial foot Prosthesis
<input type="radio"/> Lateral Strut-Ant. Shell	<input type="radio"/> TMA Prosthesis	<input type="radio"/> Posterior Spring

Heel Height _____ Flat _____ 3/8" _____ 1/2" _____ 3/4" _____ other _____

Total Height _____ inches Fabrication side _____ Left _____ Right _____ Bilateral _____

Instructions: _____

Options:	<input type="radio"/> Flesh tone Light	<input type="radio"/> Flesh tone Med	<input type="radio"/> Flesh tone dark
	<input type="radio"/> Diabetic foot bed	<input type="radio"/> CMT foot bed	<input type="radio"/> Proflex SMO
	<input type="radio"/> Ankle strap	<input type="radio"/> Plastizote lining	<input type="radio"/> HD Construction

Shipping Information Ship Method _____ Ground _____ 2nd day _____ other _____

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