AFO Order Form

TO ENSURE PROMPT FABRICATION AND SHIPMENT OF YOUR ORDER, PLEASE CAREFULLY COMPLETE THIS FORM IN ITS ENTIRETY.With all custom made devices, a large part of the quality of the fit is dependent upon the cast that is received. We rely on you to provide us with an accurate casting of your patient. **Casting instructions can be found online at www.cc-mfg.com or call us toll free at 866-273-2230 and we can fax them to you.** Adhering to these instructions will help ensure the accuracy of your order.

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

Energy return	Energy & Stability	High stability & Floor reaction
☐ FlexorBand **47342**	☐ Hybrid Medial strut / Calf Band **47333**	☐ Solid Ankle Anterior medial **47330**
☐ Lateral strut **47320**	☐ Hybrid Medial strut-Anterior shell **47352**	☐ Solid Ankle Posterior **47301**
☐ Posterior Lateral Strut **47298**	☐ Hybrid Medial strut-Posterior Calf **47333**	☐ Partial foot Prosthesis **47339**
☐ Posterior Spring **47538**	☐ TMA Prosthesis **47365**	

Heel Height _____Flat _____3/8"_____1/2" _____3/4" _____ other

Total Height_____ inches Fabrication side _____Left _____Right _____Bilateral

Instructions:_____

Options:	Flesh tone Light - **47345**	Flesh tone Med - **47563**	Flesh tone dark - **47564**
	Diabetic foot bed - **47353**	CMT foot bed - **47415**	Proflex SMO - **47429**
	Ankle strap - **47399**	Plastizote lining- **47360**	HD Construction - **47358**

Shipping Information Ship Method _____Ground _____2nd day ____other

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