

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
<input type="checkbox"/> FlexorBand	<input type="checkbox"/> Hybrid Medial strut / Calf Band	<input type="checkbox"/> Solid Ankle anterior medial
<input type="checkbox"/> Lateral strut	<input type="checkbox"/> Hybrid Medial strut / Anterior shell	<input type="checkbox"/> Solid Ankle Posterior
<input type="checkbox"/> Posterior Lateral Strut	<input type="checkbox"/> Hybrid Medial strut / Posterior Calf	<input type="checkbox"/> Partial foot Prosthesis
<input type="checkbox"/> Posterior Spring	<input type="checkbox"/> TMA Prosthesis	
Heel Height _____ Flat _____ 3/8" _____ 1/2" _____ 3/4" _____ other _____		
Total Height _____ inches Fabrication side _____ Left _____ Right _____ Bilateral _____		
Cosmetic finish _____ Carbon (standard) _____ Flesh tone light _____ medium _____ dark _____		
Instructions: _____ _____		

Shipping Information

Ship to address _____ _____	Ship Method _____ Ground _____ 2nd day _____ other _____
--------------------------------	----------------------------------------------------------