AFO Order Form

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Facility: _____

Address: _____

Requested by (Provider): _____ **Phone:** _____

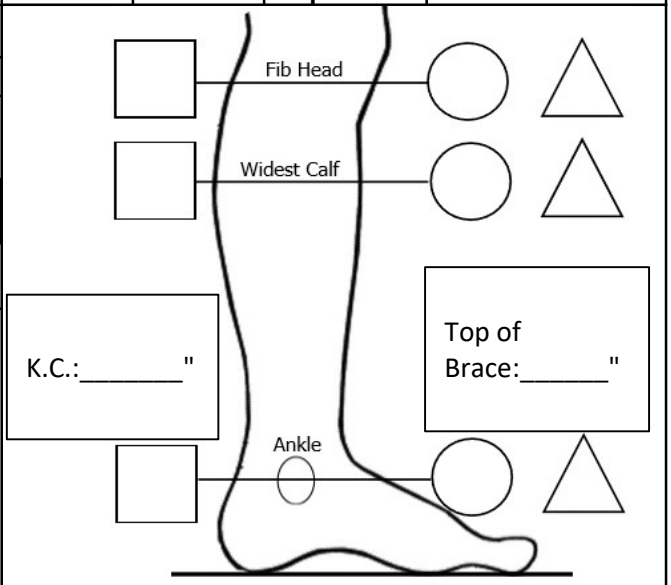
Patient Name: _____ **PO#:** _____ **Date of Measure:** _____

Age: _____ **Height:** _____ **Weight:** _____ O **Male** O **Female** **Shoe Size:** _____ **Date Required:** _____

O **Left** O **Right** O **Bi-Lateral**

Circle Activity Level: 1 2 3 4 5

Diagnosis/Observations:



Foot Length: _____"

Device Type:

O UCBL O SMO O PLS

O Solid Ankle AFO

___ Dorsal Wing

___ Semi-Solid Trim

___ Solid Trim

O Articulated AFO

___ Tamarack ™ Flexure

___ Tamarack ™ Dorsi-Assist

□75 □85 □95

O Posterior Stop

___ Plastic 90 Degrees

___ Adjustable TC Stop

___ Oklahoma Joint

Other: _____

Cast must exceed brace height.

Liner:

O Padding *Padding Location:* _____

O Inner Boot _____ Foam ____ P.E.

O Material / Color _____Thickness: _____"

Plastic Type:

O Poly Pro

O Co-Poly

O PE

□clear □black □flesh □white

Plastic Thickness:

O 1/8"

O 5/32"

O 3/16"

O 1/4"

Transfer Paper Design _____

Straps:

O Calf ___2"

___1.5" O Dacron

O Ankle ___1.5" O C Fold

___ 1" _____No D Ring (Layover Strap)

Include felt pad kit? _____yes _____no

O Other size straps _____

Trim:

O Full Foot

O Sablich Trim O Sulcus

_____Medial _____Lateral O Met Heads

Cast Preparation:

O As Casted O Correct Ankle

O Correct Foot to Neutral O Varus/Valgus

O Dorsi / Plantar Flexion _____°

Special Instructions:

_____

_____

_____

_____