



## ASO Brace Order Form

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Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Requested by (Provider): \_\_\_\_\_ Phone: \_\_\_\_\_


Patient Name: \_\_\_\_\_ PO#: \_\_\_\_\_ Date of Measure: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ ☐ Male ☐ Female Shoe Size: \_\_\_\_\_ Date Required: \_\_\_\_\_

☐ Left ☐ Right ☐ Bi-Lateral

Circle Activity Level: 1 2 3 4 5

Diagnosis/Observations:

<b>Plastic Type:</b> <input type="radio"/> Polypropylene <input type="radio"/> Co-Poly		<b>Thickness:</b> <input type="radio"/> 1/8" (Flexible) <input type="radio"/> 5/32" <input type="radio"/> 3/16" <input type="radio"/> 1/4" (Firm)					
<b>Foot Plate Length:</b> <input type="radio"/> Met Heads <input type="radio"/> Sulcus <input type="radio"/> Full Foot		<b>Trim Lines:</b> <input type="radio"/> Standard AFO Trim <input type="radio"/> Low-profile Foot Plate <input type="radio"/> As Marked on Cast					
<b>Joint:</b> <input type="radio"/> Rivet / Overlap <input type="radio"/> Tamarack Flexure Joint ™ <input type="radio"/> Tamarack Dorsi-Assist ™		<b>Padding Thickness:</b> <input type="radio"/> 1/8" <input type="radio"/> 3/16" <input type="radio"/> 1/4"		<b>Special Instructions:</b>			
				<b>Material:</b> <input type="radio"/> P. Cell <input type="radio"/> EVA Black		<b>Extend Padding:</b> <input type="radio"/> Sulcus <input type="radio"/> Full Foot	
<b>Cast Preparation:</b> <input type="radio"/> As Casted <input type="radio"/> Correct Foot to Neutral				<b>Calf Section:</b> <input type="radio"/> Correct Ankle <input type="radio"/> Varus/Valgus <input type="radio"/> Dorsi / Plantar Flexion _____° <input type="radio"/> Solid Posterior Calf <input type="radio"/> Split Back			