



# Gauntlet AFO 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:

Plastic Type:	Thickness:
<input type="radio"/> Polypropylene	<input type="radio"/> 1/8" (Flexible)
<input type="radio"/> Co-Poly	<input type="radio"/> 5/32"
	<input type="radio"/> 3/16"
	<input type="radio"/> 1/4" (Firm)
	Closure:
	<input type="radio"/> Velcro® Straps
	<input type="radio"/> Lace
	<input type="radio"/> Combination: Straps & Lace



Foot Plate Length:	Trim Lines:	Material:	Extend Padding:
<input type="radio"/> Met Heads	<input type="radio"/> Standard AFO Trim	<input type="radio"/> P. Cell	<input type="radio"/> Sulcus
<input type="radio"/> Sulcus	<input type="radio"/> Low-profile Foot Plate	<input type="radio"/> Volara	<input type="radio"/> Full Foot
<input type="radio"/> Full Foot	<input type="radio"/> As Marked on Cast	<input type="radio"/> EVA Black	

Joint:	Padding Thickness:	Height:
<input type="radio"/> Rivet / Overlap	<input type="radio"/> 1/8"	<input type="radio"/> 9" Standard
<input type="radio"/> Tamarack Flexure Joint™	<input type="radio"/> 3/16"	<input type="radio"/> Other _____
<input type="radio"/> Tamarack Dorsi-Assist™	<input type="radio"/> 1/4"	

Height is from floor to top of brace

Cast Preparation:	Special Instructions:
<input type="radio"/> As Casted	
<input type="radio"/> Correct Foot to Neutral	
<input type="radio"/> Correct Ankle	
<input type="radio"/> Varus/Valgus	
<input type="radio"/> Dorsi / Plantar Flexion	