

Customer ID: _____ Order Date: _____ PO#: _____

BILLING INFORMATION

Facility: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

SHIPPING INFORMATION Same as Billing

Facility: _____ Practitioner: _____ Cell #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

SHIPPING INSTRUCTIONS

Next Day Air 2nd Day Air 3rd Day Air Ground

PATIENT INFORMATION

Last Name: _____ First Name: _____

Male Female Age: _____ Weight: _____ Height: _____ LT RT BIL Scan Cast

Diagnosis/Special Instructions: _____

FABRICATION INSTRUCTIONS

TYPE OF AFO

Solid AFO (Forefoot / midfoot unloading)
 Unloader AFO (Midfoot / hindfoot unloading)

CAST CORRECTIONS

Leave as casted
 Correct to 90 degrees on bench**

INNER MOLDED BOOT (1/2" firm puff standard thickness)

Extra 1/2" over plantar surface
 Extra 1/2" firm crepe at plantar surface (225 lbs.+)

ADDITIONS**

Dorsal toe cover
 ALL dacron straps
 Pad tibial shell
 Lateral outflare
 Medial outflare
 Full length rigid anterior shell

(**Additional fabrication charge)

SOLE STYLE

Rocker sole standard Rocker sole/lateral wedge
 Rocker sole/medial wedge Negative heel

MATERIALS

1/4" Black polypropylene
 1/4" Pro-comp**
 Carbon fiber**

MEASUREMENT / CASTING

MARK WOUND POSITION

