

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/KAFO

- | | |
|--|---|
| <input type="checkbox"/> EZ Masterflex | <input type="checkbox"/> Supra-Malleolar Masterflex |
| <input type="checkbox"/> Masterflex AFO | <input type="checkbox"/> Leaf Spring AFO |
| <input type="checkbox"/> Solid Ankle AFO | <input type="checkbox"/> Convertible AFO |
| <input type="checkbox"/> Low Profile Articulated AFO | <input type="checkbox"/> Articulated AFO |
| <input type="checkbox"/> Unloader AFO | <input type="checkbox"/> Partial Foot Prosthesis |
| <input type="checkbox"/> KAFO (specify knee joint) _____ | |

CAST CORRECTIONS

Leave as casted Correct to 90 degrees in shoe**

HEEL POSTING**

Medial Lateral Neutral
 Heel Cut-out

ENCOMPASSING

1st Metatarsal 5th Metatarsal

ANKLE STRAPPING

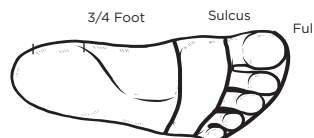
Standard Dynamic Layover No Strap

ANKLE STRAP POSITION

Valgus control Varus control

FOOT PLATE LENGTH

Full Sulcus 3/4"



MATERIALS

- 5/32" Co-poly 3/16" Co-Poly 3/16" Poly Pro
 1/4" Poly Pro 1/8" Proflex (inner boot)
 1/4" Pro-comp** Pre-preg
 Color: White Black

ADDITIONS (**ADDITIONAL FABRICATION CHARGE)

- | | |
|---|--|
| <input type="checkbox"/> Ankle Reinforcement | <input type="checkbox"/> Tamarack JTS |
| <input type="checkbox"/> 90 degree Posterior Stop** | <input type="checkbox"/> Oklahoma JTS |
| <input type="checkbox"/> Adjusted Posterior Stop** | <input type="checkbox"/> Dorsi Assist Tamarack JTS |
| <input type="checkbox"/> Free motion | <input type="checkbox"/> Pad Tibial Shell** |
| <input type="checkbox"/> Pad Footplate** | <input type="checkbox"/> Transfer Paper** _____ |
| <input type="checkbox"/> ALL Dacron Straps** | |

MEASUREMENT / CASTING INFORMATION

