

CUSTOM AFO ORDER FORM

DATE: _____

PO# _____

CLIENT INFORMATION

BILLING INFO

SHIPPING INFO

SAME AS BILLING INFO?

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

CITY _____ STATE _____ ZIPCODE _____

PHONE (____) ____ - ____ FAX (____) ____ - ____

PHONE (____) ____ - ____ FAX (____) ____ - ____

EMAIL _____

CASTING CONTACT _____

STANDARD DELIVERY RUSH DELIVERY + EXTRA CHARGE

Needed By: ____/____/____

PATIENT INFO

NAME _____

GENDER _____ WEIGHT _____ AGE _____ HEIGHT (Inches) _____ *SHOE SIZE (Required) _____

SHOE STYLE _____ SHOES ENCLOSED INSOLES ENCLOSED TRACING ENCLOSED

STEP 1

CHOOSE BASE AFO

CIRCLE DESIRED PLASTIC THICKNESS

1/8"

5/32"

1/4"

SOLID SERIES



- 6"
- 9"
- 12"

RECOVERY SERIES



- Standard
- Locked
- Dorsi Assist Joint

BALANCE SERIES



- Standard

THERMO PLASTIC SERIES



- Leaf Spring



- Solid

STEP 2

CAST MODIFICATIONS

BALANCE FOREFOOT TO REARFOOT

FOREFOOT: AS IS CORRECT TO NEUTRAL PRONATE/EVERT _____ SUPINATE/INVERT _____

HINDFOOT: AS IS CORRECT TO NEUTRAL PRONATE/EVERT _____ SUPINATE/INVERT _____

REARFOOT: AS IS CORRECT TO NEUTRAL PRONATE/EVERT _____ SUPINATE/INVERT _____

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