allard SmartFAB

PARTIAL FOOT Order Form

All Partial Foot orders must be shipped to our Chattanooga location.

Date: _____

Contact: _____

SHIP VIA: ○ UPS ○ FedEX ○ Cust. P/U

P.O. #: _____

Phone: _____

SERVICE: ○ Ground ○ 3-Day ○ 2-Day

Fax: _____

○ ND Saver ○ Next Day ○ ND Early AM

Email: _____

SHIP TO:

Acct #: _____

Name: _____

Address: _____

Address 2: _____

City, State, Zip Code: _____

BILL TO: ○ **Same as Ship To**

Acct #: _____

Name: _____

Address: _____

Address 2: _____

City, State, Zip Code: _____

PATIENT INFO

Patient ID: _____

Height: _____   Weight: _____

SHOE INFO

○ Included shoes with cast (Recommended)   ○ Shoe insert tracing   Shoe Size: _____   Sound Side Foot Length: _____

AMPUTATION SIDE

○ Left   ○ Right

AMPUTATION LEVEL

○ Great Toe   ○ TMA   ○ Lisfranc   ○ Chopart

○ Other _____   ○ Surgical   ○ Congenital

Date of Amputation: _____

ALLARD AFO CHOICE

○ **BlueROCKER® 2½**   Recommended for all PFAs proximal to and including great toe amputations

○ **ToeOFF® 2½**   May be considered for 2 - 5 toe amputations

PADDING OPTIONS

○ **ComfortKIT™** (Recommended) Premium 5mm memory foam interface for patients requiring added cushioning and a more intimate fit due to the shape of the tibia, skin condition, diabetes, and/or activity level.

○ **SoftKIT™** Soft foam in 3mm.

○ **CoverKIT™** Soft interface combined with a spandex sleeve to cover the AFO (Recommended for venous insufficiency)

DISTAL CUSHION

○ Yes

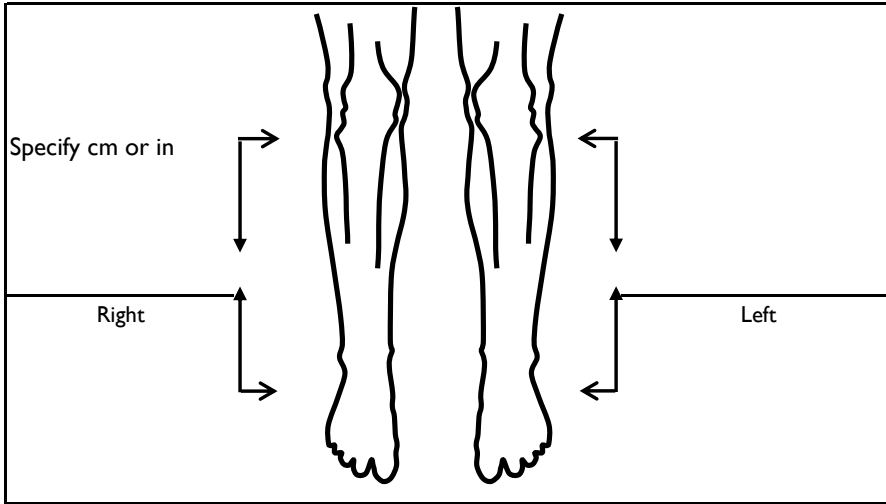○ No   Cont'd

CARBON FOOT PLATE ONLY (Requires tracing of foot or shoe insert)

○ Left   Qty _____

○ Right   Qty _____

STANDING LIMB LENGTH - Fibular head to floor

Specify cm or in

Right   Left

SAGITTAL PLANE CALCANEAL INCLINATION ANGLE

Weightbearing Actual

○ 25°
○ 20°
○ 15°
○ 10°
○ 5°
○ 0°

Available ROM
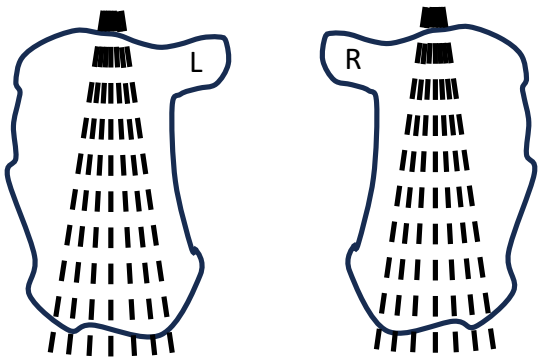
○ 25°
○ 20°
○ 15°
○ 10°
○ 5°
○ 0°

Wedge Fabrication Order

○ 25°
○ 20°
○ 15°
○ 10°
○ 5°
○ 0°

FRONTAL PLANE CALCANEAL INVERSION-EVERSION

Weightbearing Actual

L   R

+6	+4	+2	0	-2	-4	-6

circle one

+6	+4	+2	0	-2	-4	-6

circle one

Inversion   Eversion   Eversion   Inversion

Post-Fabrication Order

L   R
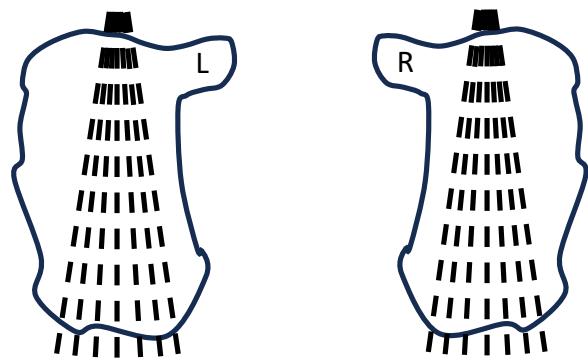
+6	+4	+2	0	-2	-4	-6

circle one

+6	+4	+2	0	-2	-4	-6

circle one

Lateral   Medial   Medial   Lateral

SPECIAL INSTRUCTIONS:

_____

_____

_____