

Metal / Leather AFO Order Form

Date: _____

Contact: _____
P.O. #: _____
Phone: _____
Fax: _____
Email: _____

SHIP VIA: UPS FedEx Cust. P/U
SERVICE: Ground 3-Day 2-Day
 ND Saver Next Day ND Early AM

SHIP TO:	BILL TO:	<input type="radio"/> Same as Ship To
Acct #: _____	Acct #: _____	
Name: _____	Name: _____	
Address: _____	Address: _____	
Address 2: _____	Address 2: _____	
City, State, Zip Code: _____	City, State, Zip Code: _____	

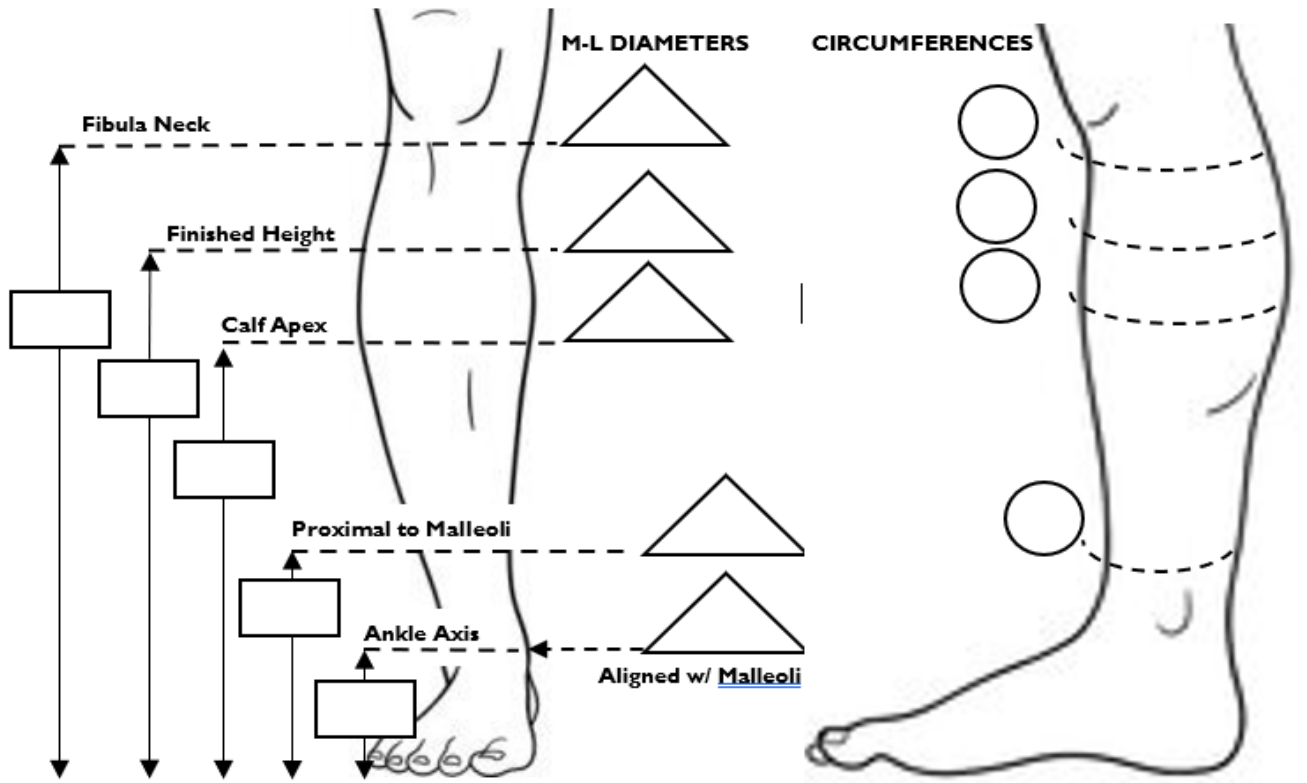
PATIENT INFO

Patient ID: _____ Sex: _____
Height: _____ Weight: _____ Age: _____

DEVICE SIDE

Left Right

MEASUREMENTS

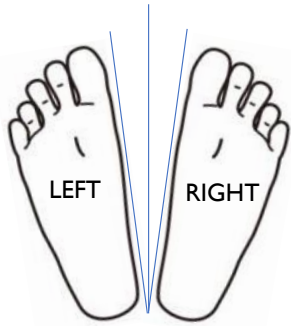


TOE IN / OUT ANGLE

Toe Out (+)

Toe In (-)

Left: _____
Right: _____



MATERIALS AND OPTIONS

Shoe Options

- Rocker Sole, Thickness: _____
- Medial Wedge, Thickness: _____
- Lateral Wedge, Thickness: _____

Leather Color Options

- Black
- Beige
- Brown

Ankle Control Strap Options

- Valgus Control T-Strap Padded
- Varus Control T-Strap Padded

COMPONENT SELECTION

Ankle Joints

- Action
 - No Motion
 - Stop Motion _____°DF, _____°PF
 - Free Motion
- Dorsiflexion Assist
- Double Action

Ankle Joint Stirrup Options

- Solid Stirrup
 - Long
 - Wide
- Split Caliper

Bar Material

- Aluminum
- Stainless Steel

SPECIAL INSTRUCTIONS:
