



General Custom AFO Order Form

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Left

Right

Company: _____

Location: _____

PO#: _____

Date: _____ Date due: _____

Practitioner: _____

Patient name: _____

Age: _____ Height: _____ Weight: _____

Male Female

Activity level: _____

Dx: _____

Rx: _____

Practitioner Notes and Drawspace

AFO Height: _____

Footplate Length: _____

Cast position: _____

Correct to: _____

All casts will be corrected to 90 degrees on a 3/8" heel height and subtalar neutral unless otherwise specified.

Cuff Position:

Anterior

Posterior

Stepthrough

AFO Type:

PLS/ Posterior Element

Solid/ Side Element

Wishbone

Articulated:

ExoSMO

Includes Inner Boot and Frame

Free Motion: _____

Dorsiflexion Assist: _____

Double Action: _____

Pre-Tibial Shell:

(for use with posterior cuff)

Molded Inner Boot*:

UCBL: 1/8" Polypropylene

SMO: 1/8" Polyethylene

Color:

Black

Caucasian*

Fabric*: _____

Shipping:

Ground

3-day

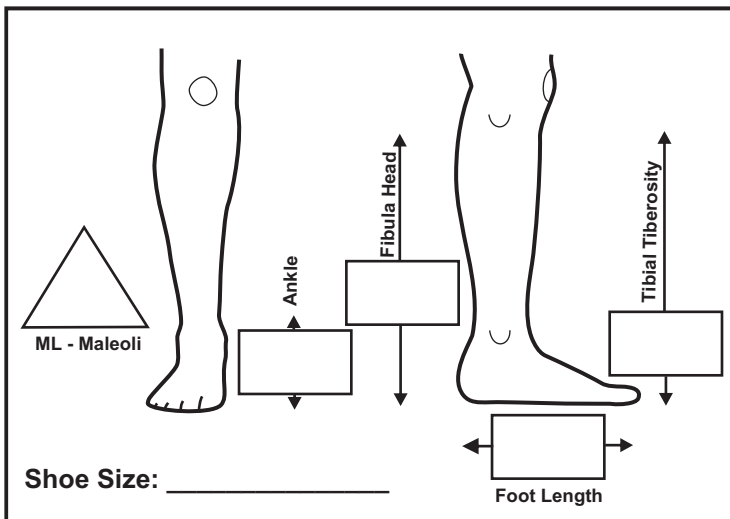
2 day

Next day PM

Next Day AM

* Additional Charges Apply

Form revised January 2019



Shoe Size: _____