



## Custom Ankle Foot Orthoses Order Form

This form must accompany your cast (STS casting sock recommended)

Patient Name:	Age:	Weight:
Pathology and Special Instructions	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Cast Correction:    Ankle: <input type="checkbox"/> Leave as is <input type="checkbox"/> Correct to 90 <input type="checkbox"/> Correct to neutral Forefoot: <input type="checkbox"/> Leave as is <input type="checkbox"/> Correct to 90 <input type="checkbox"/> Correct to neutral		

**TYPE OF PLASTIC**

\_\_\_ Natural Polypro 5/32 (Standard)

\_\_\_ Natural Polypro 3/16 (For Patients over 200lbs)

**TYPE OF DEVICE**

\_\_\_ AFO Solid Ankle

- 5/32 Aliplast Liner
- Single Strap closure
- \_\_\_ Easy Entry (optional)
- \_\_\_ Posterior Leaf Spring (optional)
- \_\_\_ PZ/PPT foot plate cover (additional charge)

\_\_\_ AFO Articulating

- 5/32 Aliplast Liner
- Double Uprights
- Tamarac Joint
- Single strap closure
- \_\_\_ PZ/PPT foot plate cover (additional charge)

\_\_\_ Leather Gauntlet

- Flare Top
- Foot Plate to Proxi-mets

(Please Check Color and Closure of Gauntlet)

Color	Closure
<input type="checkbox"/> Natural	<input type="checkbox"/> Velcro
<input type="checkbox"/> Black	<input type="checkbox"/> Lace
<input type="checkbox"/> Brown	<input type="checkbox"/> Combo
<input type="checkbox"/> White	

### Please Make Measurements, Indicate Device Height From Floor and Mark Foot Plate Length Desired

The diagram shows a lateral view of a right foot and ankle. A vertical line on the left indicates the 'FINISHED HEIGHT OF BRACE' from the floor. Four horizontal lines on the right indicate measurement points: 'WIDEST CALF', 'MID CALF', 'ABOVE ANKLE', and 'ANKLE'. A triangle at the bottom indicates 'WIDTH AT MET. HEADS'. Below the diagram, labels 'Prox-Mets', 'Sulcus', and 'Toe' are shown with arrows pointing to the corresponding anatomical locations on the foot.

For Lab Use: