



CUSTOM AFO ORDER FORM

Invoice To _____

Delivery To _____

Order No. _____

Sheet No. _____

Patient Name _____

Hospital _____

Diagnosis		Posting Requirements					
	Right <input type="checkbox"/>	Degrees	Intrinsic	Extrinsic	Medial	Lateral	Neutral
	Heel	Degrees					
Cast Angle		Fore Foot					
90° <input type="checkbox"/>							
As Cast <input type="checkbox"/>	Left <input type="checkbox"/>	Degrees	Intrinsic	Extrinsic	Medial	Lateral	Neutral
Plantaflex	Degrees	Heel					
Dorsiflex	Degrees	Fore Foot					

ORTHOSIS

Type _____

Material _____

2mm 3mm 4mm 4.5mm 5mm 6mm

Colour _____

Transfer _____

Ankle Joint _____

FOOT SECTION LENGTH

Behind Met Heads

Sulcus

Full Foot

STRAPPING REQUIREMENTS

Calf Shoe Size _____

Heel

M.P.J

Dorsum

Lay on Velcro

Ring-Pull Velcro

Un-Backed Strap

Backed Strap

Padded Straps

Heel Height if Pitched

LINING / PADDING REQUIREMENTS

Line Calf

Full Lining

Pad at Malleolus

Other Areas

ADDITIONAL INFORMATION

POSITIVE CAST RECTIFICATION

ST. Rectification Shallow Deep

Neurophysiological Sole Met Button

Peroneal Notch

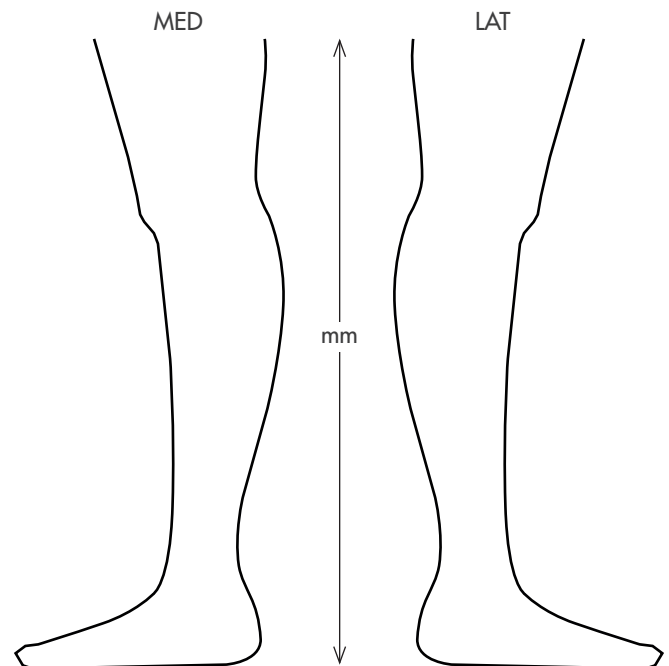
Kirby Skive 3mm 6mm 9mm

Ease of Entry required? _____

Carbon / Ribbed Reinforcement

Posterior Window

PLEASE OUTLINE YOUR EXACT TRIM LINES



3 Point Pressure Leg Foot (Please Mark)

Malleoli Width

Met Heads Width