

Split Upright Mid-Calf AFO Order Form

Order Date: _____ Date Needed: _____ PO#: _____

SHIPPING INFORMATION

Facility: _____ Contact: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

BILLING INFORMATION Same as shipping – leave blank

Facility: _____ Contact: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

SHIPPING INSTRUCTIONS

Ground 2-day (additional charges) Overnight (additional charges) Local

PATIENT INFORMATION

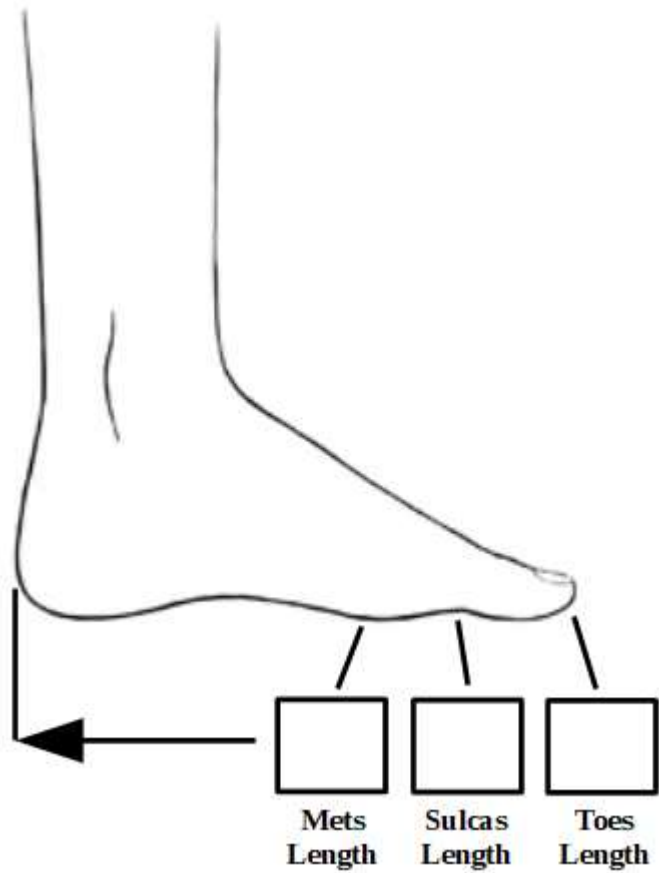
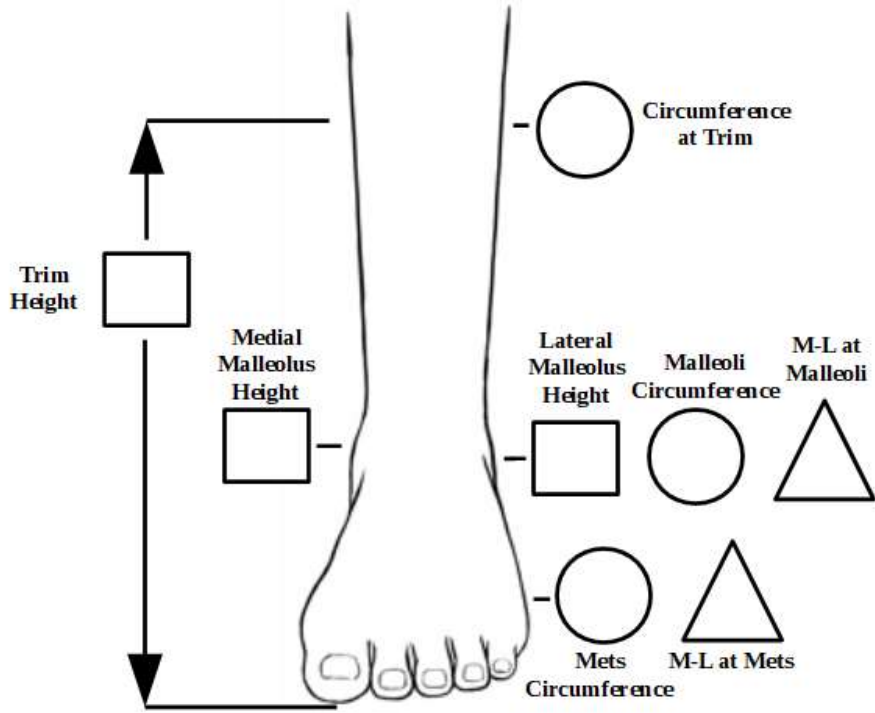
Name: _____ DOB: _____ Sex: F M Weight: _____ Side: L R B/L
Diagnosis/Special Instructions: Have a Tech Call Me Shoe Size: _____

FABRICATION INSTRUCTIONS

AFO Type:	<input type="checkbox"/> Articulating 9" <input type="checkbox"/> Articulating 11" <input type="checkbox"/> Solid	Ankle Strapping:	<input type="checkbox"/> None <input type="checkbox"/> Banjo Strap
Cast Corrections:	<input type="checkbox"/> Leave As Is <input type="checkbox"/> Correct to 90° <input type="checkbox"/> Other (Specify)	Calf Strapping:	<input type="checkbox"/> Standard <input type="checkbox"/> None <input type="checkbox"/> Other (Specify)
Reliefs:	<input type="checkbox"/> None <input type="checkbox"/> Navicular <input type="checkbox"/> Malleoli	Strap Additions:	<input type="checkbox"/> Adj. Posterior Strap <input type="checkbox"/> All Dacron Straps
Materials:	<input type="checkbox"/> Poly Pro <input type="checkbox"/> Co-Poly	Joints:	<input type="checkbox"/> Free Motion <input type="checkbox"/> Overlap
Color:	<input type="checkbox"/> Black <input type="checkbox"/> Natural		<input type="checkbox"/> Dorsi-Assist: <input type="checkbox"/> 75 or <input type="checkbox"/> 85
Thickness:	<input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16"	Foot Plate Length:	<input type="checkbox"/> To Mets <input type="checkbox"/> To Sulcus <input type="checkbox"/> Full
Posting:	<input type="checkbox"/> Standard <input type="checkbox"/> None <input type="checkbox"/> Heel Stabilizer Bar <input type="checkbox"/> Arch Fill <input type="checkbox"/> Forefoot <input type="checkbox"/> Other (Specify)	Insole:	<input type="checkbox"/> Full <input type="checkbox"/> To Sulcus <input type="checkbox"/> To Mets <input type="checkbox"/> None
Encompassing:	<input type="checkbox"/> None <input type="checkbox"/> 1 st Met <input type="checkbox"/> 5 th Met	Thickness:	<input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <i>Material:</i>
			<input type="checkbox"/> NeoSponge <input type="checkbox"/> P-Cell + Poron <input type="checkbox"/> EVA <input type="checkbox"/> X-Static NeoSponge
		Aliplast Padding:	<input type="checkbox"/> Entire Device <input type="checkbox"/> Forefoot <input type="checkbox"/> Calf
		Color:	<input type="checkbox"/> Black 3/16" <input type="checkbox"/> White 3/16"

***Optional orthometry form on the next page**

Note: Protosthetics cannot guarantee product unless all pertinent information is thoroughly filled out.



Note: Protosthetics cannot guarantee pro