

Customer ID: _____ Order Date: _____ Date Needed: _____ PO#: _____

BILLING INFORMATION

Facility: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

SHIPPING INFORMATION

Same as Billing

Facility: _____ Contact: _____ Cell #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

SHIPPING INSTRUCTIONS

Next Day Air 2nd Day Air 3rd Day Air Ground Local / Hand Delivery

PATIENT INFORMATION

Last Name: _____ First Name: _____

Male Female Age: _____ Weight: _____ Height: _____ LT RT BIL

Diagnosis: _____

Special Instructions: _____

FABRICATION INSTRUCTIONS

TYPE OF AFO/KAFO

- Supra-Malleolar Masterflex Masterflex AFO
- Leather Ankle Gauntlet Leaf Spring AFO
- Solid Ankle AFO Convertible AFO
- Low Profile Articulated AFO Articulated AFO
- Unloader AFO Partial Foot Pro-comp
- EZ Masterflex
- KAFO (specify knee joints) _____

CAST CORRECTIONS

Leave as casted Correct to 90 degrees in shoe**

HEEL POSTING

Medial Post Lateral Post Neutral Post
 Heel Cut-out

ENCOMPASSING

1st Metatarsal 5th Metatarsal

ANKLE STRAPPING

Standard Dynamic Layover No Strap

ANKLE STRAP POSITION

Valgus control Varus control

LAB USE ONLY

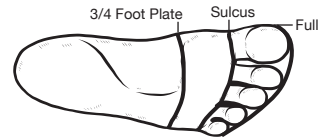
Intake Date _____
Tracking Number _____
Modified Date _____
Technician _____
Shipped Date _____

MATERIALS

5/32" Co-poly 3/16" Co-Poly 3/16" Poly Pro 1/4" Poly Pro
 1/8" Proflex (inner boot) 3/16" Pro-comp** 1/4" Pro-comp**
Color: White Black

FOOT PLATE LENGTH

Full Sulcus 3/4"



ADDITIONS (**Additional fabrication charge)

- Ankle Reinforcement**
- 90 degree Posterior Stop**
- Adjusted Posterior Stop**
- Free motion
- Pad Footplate**
- ALL Dacron Straps**
- Tamarack Ankle JTS
- Oklahoma Ankle JTS
- Dorsi Assist Tamarack Ankle JTS
- Pad Tibial Shell**
- Transfer Paper**

MEASUREMENT / CASTING INFORMATION

