

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: _____ Practioner: _____ 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

Solid AFO (*Forefoot / midfoot unloading*)
 Unloader AFO (*Midfoot / hindfoot unloading*)

CAST CORRECTIONS

Leave as casted Correct to 90 degrees on bench**

INNER MOLDED BOOT (*1/2" firm puff standard thickness*)

Extra 1/2" at heel Extra 1/2" over plantar surface
 Extra 1/2" firm crepe at heel (225 lbs.+)
 Extra 1/2" firm crepe at plantar surface (225 lbs.+)

ADDITIONS**

Dorsal toe cover Leather lacer Pad tibial shell
 ALL dacron straps Lateral outflare
 Medial outflare Full length rigid anterior shell

(**Additional fabrication charge)

SOLE STYLE

Rocker sole standard Rocker sole/lateral wedge
 Rocker sole/medial wedge Negative heel

MATERIALS

1/4" Black polypropylene 3/16" Pro-comp**
 1/4" Pro-comp**
 Carbon fiber** (*specify choice below*)
 Black carbon laminate
 Beige laminate
 Light brown laminate

LAB USE ONLY
Intake Date _____
Tracking Number _____
Modified Date _____
Technician _____
Shipped Date _____

