



HiTek Fab
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HT-DUAFO

Double Upright Ankle Foot Orthotic



Patient

Last name: _____

First Initial: _____

P. ID. _____ Date cast: _____ N W
 If you are doing a 2nd order, add "-2" to the patient ID, and "-3" for 3rd order, and so on.

Bilateral Left only Right only

Practitioner: _____ Please change to your name if necessary.

Facility: _____

Device Selection



AFO

SIDE

Left

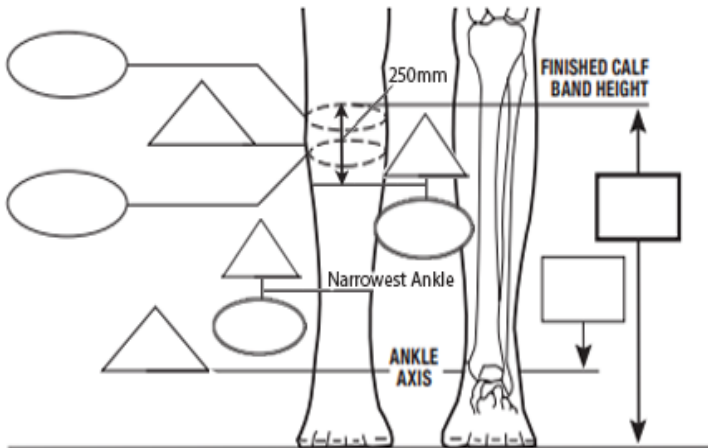
Right

NOTE: If you don't choose an option, you will receive the Standard.

Construction • Features • Options

FLOOR TO HEIGHT MEASUREMENTS *All measurements in millimeters (mm)*

CIRCUMFERENCES M•L DIAMETERS



Length Circumf. ML

Toe

Toe Out: Toe Out Angle: (+) To Out (-) Toe In

Left: _____

Right: _____

Component Selection

ANKLE JOINT OPTIONS

Double Action

No motion

Stop Motion ___° DF ___° PF

Free Motion

Pins:

Anterior Posterior Anterior/Posterior

Springs:

Anterior Posterior Anterior/Posterior

ANKLE JOINT STIRRUP OPTIONS

Solid Stirrup

Split Caliper

BAR MATERIAL

Aluminum

Stainless Steel

Materials & Design

FOOTPLATE OPTIONS

Shoe (provided by customer)

UCBL (requires mold)

LACER OPTIONS

Calf Band 50mm

Lacer (205mm)

Molded Lacer

ANKLE CONTROL STRAP OPTIONS

T-Strap medial

T-Strap lateral

LEATHER COLOR OPTIONS

Black

White

Brown

Special Instructions

Rush order (adds \$20)