


**PATIENT**

 Patient ID \_\_\_\_\_  
 Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
 Dx \_\_\_\_\_  
 Right  Left  Bilateral Sending Casts:  Yes  No

**COMPANY**

 Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

**SHIPPING**

<b>SHIPPING</b>	Address _____
	City _____
	ST/Prov _____ Zip _____

 PO # \_\_\_\_\_

 Order confirmation:  Fax  E-mail

**FedEx SHIPPING OPTIONS**
**Need by Date**
 Ground® .....FREE  
 2 Day® A.M. 10:30 a.m. or noon 2nd business day .....\$30.00  
 Priority Overnight® 10:30 a.m. next business day ..... \$55.00  
 First Overnight® 8:00 a.m. next business day .....\$100.00  
 Rush  4 Day Turnaround.....\$100.00

**FOOTWEAR**

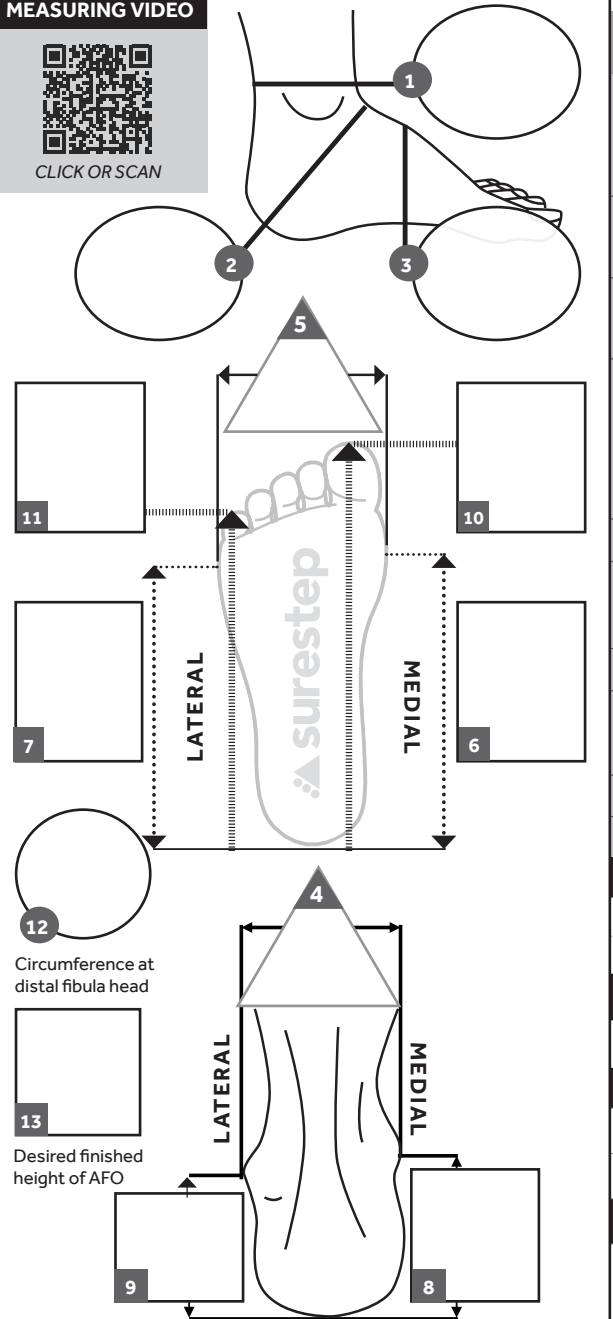
	SIZE	QTY	COLOR
<input type="checkbox"/> Toddler Styles 3T - 9T			
<input type="checkbox"/> Youth Styles 10Y - 3Y			
<input type="checkbox"/> Heel Entry Style 3T - 3Y			White/Beige
<input type="checkbox"/> Sandals 3T - 3Y			Green

**AFO SOCKS** 1 PAIR/PACK

	QTY	COLOR
<input type="checkbox"/> Infant 1 3/8" x 7 1/4"		
<input type="checkbox"/> Toddler 2" x 9"		
<input type="checkbox"/> Small 2 1/4" x 12"		
<input type="checkbox"/> Medium 3" x 15"		

**MEASUREMENTS**

● Circumference ▲ Width ■ Distance

**MEASURING VIDEO**


\* If number 5 measurement is 3" or greater, a cast is required.

The two standard AFO designs are listed below along with their standard modifications. If you would like to make changes, please select the base device and choose the options under the modifications columns that differ from the standards.

	<input type="checkbox"/> Functional Support	<input type="checkbox"/> Alignment Control	Modifications	
<b>Hinge</b>	Surestep Free Motion	Tamarack Free Motion	<input type="checkbox"/> Surestep Free Motion <input type="checkbox"/> Tamarack Free Motion <input type="checkbox"/> Tamarack Dorsi Assist	
<b>Plastic</b>	<b>MATERIAL</b>	Copoly	Material: Polypropylene	
	<b>THICKNESS</b>	1/8"	Thickness: 1/8"	
<b>Footplate Trimline</b>	Full Length	Met Head	<input type="checkbox"/> Full Length	<input type="checkbox"/> Met Head
			<input type="checkbox"/> Sulcus	
<b>Molded Inner Boot</b>	<b>MATERIAL</b>	OP Flex	Modified Polyethylene	
	<b>THICKNESS</b>	1/8"	3/32"	
			<input type="checkbox"/> 3/16" Puff	<input type="checkbox"/> None <i>Must make dorsum selection</i>
			<input type="checkbox"/> 1/8" OP Flex	<input type="checkbox"/> Dorsum Wings
			<input type="checkbox"/> 3/32" MPE	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Calf Padding</b>	None	1/8" Puff	<input type="checkbox"/> None	<input type="checkbox"/> 1/8" Puff
<b>Molded Inner Boot Trimline (if applicable)</b>	Full Length Footplate	Full Length Footplate	<input type="checkbox"/> Short	<input type="checkbox"/> Sulcus
			<input type="checkbox"/> Full Length	
<b>Calf Strap</b>	Layover Strap	Layover Strap	<input type="checkbox"/> Hook and Loop with Chafe	
<b>Stop</b>	Plastic Stop	Plastic Stop	<input type="checkbox"/> Snapstop	<input type="checkbox"/> Surestop
			<input type="checkbox"/> Elite Plantarflexion Stop	
<b>Chafe</b>	Plastic	Plastic	<input type="checkbox"/> Dacron	
<b>Strap Pad</b>	Dorsal Pad	Dorsal Pad	<input type="checkbox"/> Neoprene Pad	

**CORRECTION**

Cast Modifications	<input type="checkbox"/> Neutral/90	<input type="checkbox"/> As casted
Heel:	Ankle:	Forefoot:

**PATTERN**

	<b>STRAP COLOR</b>
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**ADDITIONS** (Additional charges may apply, see price list)

<input type="checkbox"/> Non-Skid Sole	<input type="checkbox"/> Houdini Straps	<input type="checkbox"/> Adjustalift	<input type="checkbox"/> Metatarsal Pads
<input type="checkbox"/> Toe Plateaus	<input type="checkbox"/> Open Heel AFO (Molded Inner Boot Required)		

**NOTES**

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