



ARTICULATED AFO ORDER FORM

www.Simpleorthotics.com

9960 Indiana Ave., #15 Riverside, CA 92503

Tel. 951.353.8127 Fax. 951.353.8107 Email: info@simpleorthotics.com

Practitioner _____ Date: ___/___/___

Address _____

Phone (____) _____ - _____

Patient Name _____

Age _____ Weight _____ Male _____ Female _____ Shoe Size _____ Shoe Type _____

Dx./Observations _____

Left Right Bi-Lateral

| <u>Plastic type</u> | <u>Thickness</u> | <u>Color</u> |
|----------------------------------|--|---|
| Polypro <input type="checkbox"/> | <input type="checkbox"/> 1/8" (Flexible) <input type="checkbox"/> 1/4" | Black <input type="checkbox"/> White <input type="checkbox"/> Transfer Paper Design |
| Co-Poly <input type="checkbox"/> | <input type="checkbox"/> 5/32" <input type="checkbox"/> 3/16" | Flesh <input type="checkbox"/> Clear <input type="checkbox"/> _____ |

| <u>Closure</u> | <u>Height (Height is from Floor to top of brace)</u> | <u>Type</u> |
|---|--|---|
| <input type="checkbox"/> Two 1" Straps | <input type="checkbox"/> 9" Standard | <input type="checkbox"/> Solid Posterior Calf |
| <input type="checkbox"/> 2" Top Strap, 1" Lower Strap | <input type="checkbox"/> _____ | <input type="checkbox"/> Double Upright |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> "H" Design |

| <u>Foot Plate Length</u> | <u>Trim Lines</u> | <u>Joint</u> |
|------------------------------------|--|---|
| <input type="checkbox"/> Met Heads | <input type="checkbox"/> Standard AFO Trim Lines | <input type="checkbox"/> Tamarack Flexure joint |
| <input type="checkbox"/> Sulcus | <input type="checkbox"/> Low profile foot plate | <input type="checkbox"/> Tamarack Dorsi-Assist |
| <input type="checkbox"/> Full Foot | <input type="checkbox"/> Use _____ | |

| <u>Padding Thickness</u> | <u>Material</u> | <u>Extend Padding To</u> | <u>Cast Preparation</u> |
|--------------------------------|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> 1/16" | <input type="checkbox"/> P-Cell | <input type="checkbox"/> Sulcus | <input type="checkbox"/> As Casted |
| <input type="checkbox"/> 1/8" | <input type="checkbox"/> EVA Swirl | <input type="checkbox"/> Full Length | <input type="checkbox"/> Correct Forefoot to Neutral |
| <input type="checkbox"/> 3/16" | <input type="checkbox"/> Volara | | <input type="checkbox"/> Correct Ankle |
| <input type="checkbox"/> 1/4" | | | <input type="checkbox"/> Varus/Valgus <input type="checkbox"/> Dorsi/Plantarflexion |

Special Instructions

Note:
Please be sure that casts submitted are an accurate representation of the patients foot/leg alignment. Casts that are in extreme and preventable positions will be subject to an additional fee, for resources needed to modify the cast to a useable level.