



# DELUXE ARTICULATED AFO ORDER FORM

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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>	<u>Leather</u>
Polypro <input type="checkbox"/>	<input type="checkbox"/> 1/8" (Flexible) <input type="checkbox"/> 1/4"	Black <input type="checkbox"/> White <input type="checkbox"/>	<input type="checkbox"/> Black
Co-Poly <input type="checkbox"/>	<input type="checkbox"/> 5/32"	Flesh <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/> Tan
	<input type="checkbox"/> 3/16"		<input type="checkbox"/> _____

<u>Closure</u>	<u>Height (Height is from Floor to top of brace)</u>	<u>Type</u>
<input type="checkbox"/> Velcro Straps	<input type="checkbox"/> 9" Standard	<input type="checkbox"/> Solid Posterior Calf
<input type="checkbox"/> Lace	<input type="checkbox"/> _____	<input type="checkbox"/> "H" Design
<input type="checkbox"/> Lace With Hooks		
<input type="checkbox"/> Speed Lace		

<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.