

Practitioner \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Patient Name \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Shoe Size \_\_\_\_\_ Shoe Type \_\_\_\_\_

Dx./Observations \_\_\_\_\_

Left  Right  Bi-Lateral

### Device type

Solid Ankle AFO  
 \_\_\_ Semi-Solid Trim  
 \_\_\_ Solid Trim

UCBL  SMO

PLS

Articulated AFO

\_\_\_ Articulated® Flexure  
 \_\_\_ Oklahoma Joint  
 \_\_\_ Gaffney

\_\_\_ Tamarack® Dorsi-Assist  
 \_\_\_ FC2  
 \_\_\_ Other

Posterior Stop

\_\_\_ Plastic 90°  
 \_\_\_ Adjustable TC Stop

\_\_\_ Adjustable Elite Stop  
 \_\_\_ SNAP Stop™  
 \_\_\_ D2 \_\_\_ D \_\_\_ N \_\_\_ P

### Trim Options

Met Heads  "H" Back Calf Section  
 Sulcus  Sablich Trim \_\_\_ Med \_\_\_ Lat.  
 Full Foot

### Liner

Material \_\_\_\_\_  
 Thickness \_\_\_\_\_"

### Straps

Calf \_\_\_ 2" \_\_\_ 1 ½"  
 Include Felt Pad  Yes  No  Dacron  C Fold  
 Ankle 1 ½" \_\_\_ 1" \_\_\_  
 Include Felt Pad  Yes  No  No D ring (layover Strap)  
 Other \_\_\_\_\_  Dacron  C Fold  
 No D Ring (layover Strap)

### Plastic type

Polypro   
 Co-Poly   
 PE

### Thickness

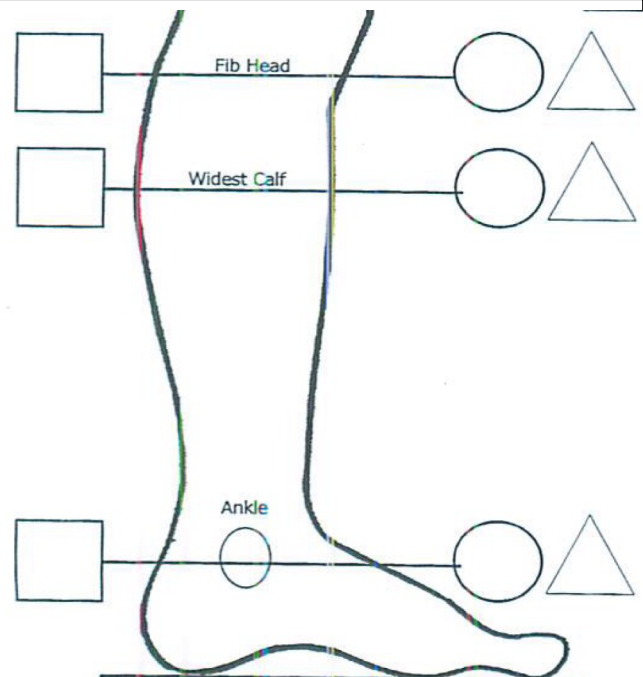
1/8" (Flexible)  1/4"  
 5/32"  
 3/16"

### Color

Black  White  Transfer Paper Design  
 Flesh  Clear  \_\_\_\_\_

### Cast Preparation

As Casted  
 Correct Forefoot to Neutral  
 Correct Ankle  
 Varus/Valgus  Dorsi/Plantarflexion



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.

### Special Instructions