

Thermoplastic AFO's Order Form

(AFO)

ORDER INFORMATION

Date: _____ P.O. #: _____
 Facility: _____
 Address: _____

 Contact Name: _____
 Ship via: _____

Patient Name: _____
 Age: _____ Sex: _____ Height: _____ Weight: _____
 Diagnosis: _____

 Phone #: _____ Fax #: _____
 Requested Date of Delivery: _____

(Please allow for shipping time)

Right Left Bilateral

Styles:



FTA-10
Solid Ankle



FTA-10P
Leaf Spring



FTA-20F
Free Motion



FTA-20D
Dorsi-Assist



FTA-20R
Range of Motion

MODIFYING INSTRUCTIONS

Ankle: As Is Correct to 90°
 Amount _____° Dorsi Plantar

Hindfoot: As Is Correct to Neutral
 Forefoot: As Is Correct to Neutral

Metatarsal Pad: Amount _____"
 S.T. Modification

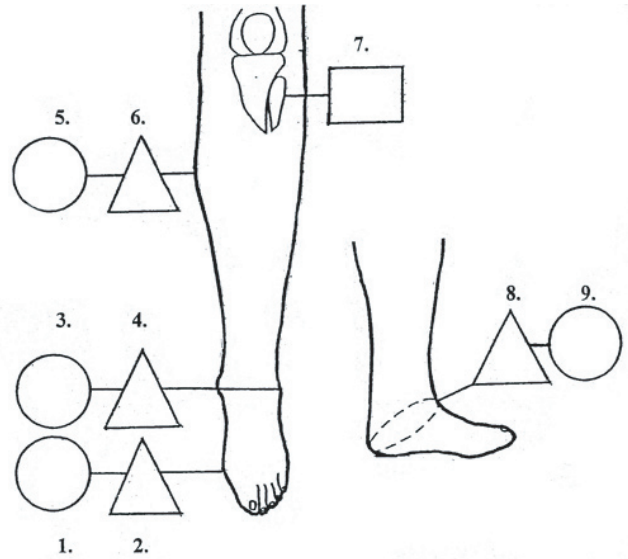
Other Modifying Instructions:

FABRICATION INSTRUCTIONS

- Plantar Stop Standard Adj. Stop Other _____
- Liner _____ (specify mat. and thickness)
- Pads _____ (specify area and material)
- Ankle Reinforced Compcore Other _____
- Correction Flare padded/lined
 - Valgus/Medial Varus/Lateral
- Proximal Trim Line Flare
- Extend Trim Line to control Forefoot Medial Lateral
- Plastic: Polypropylene Copolymer Polyethylene
 - Thickness/Color: _____
 - Other: _____
- Transfer Pattern # _____
- Laminated: Color _____

EXTERNAL POST

- | | | |
|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Crepe | <input type="checkbox"/> Plastic | <input type="checkbox"/> Other _____ |
| Forefoot | Hindfoot | Both |
| <input type="checkbox"/> Neutral | <input type="checkbox"/> Neutral | <input type="checkbox"/> Neutral |
| <input type="checkbox"/> Medial | <input type="checkbox"/> Medial | <input type="checkbox"/> Medial |
| <input type="checkbox"/> Lateral | <input type="checkbox"/> Lateral | <input type="checkbox"/> Lateral |
| Amount: _____ | Amount: _____ | Amount: _____ |



1. Circumference at Metatarsal Heads
2. M-L at Metatarsal Heads
3. Circumference at Ankle
4. M-L at Ankle
5. Circumference at Mid Calf
6. M-L at Mid Calf
7. Height to Fibular Head
8. A-P Diameter heel to dorsum of foot
9. Circumference heel to dorsum of foot

All FLAG Thermo AFO's ship with a free STS Casting Sock. Large sock will be sent if size is not selected.

Small Medium Large X-Large

Additional Information: _____

