



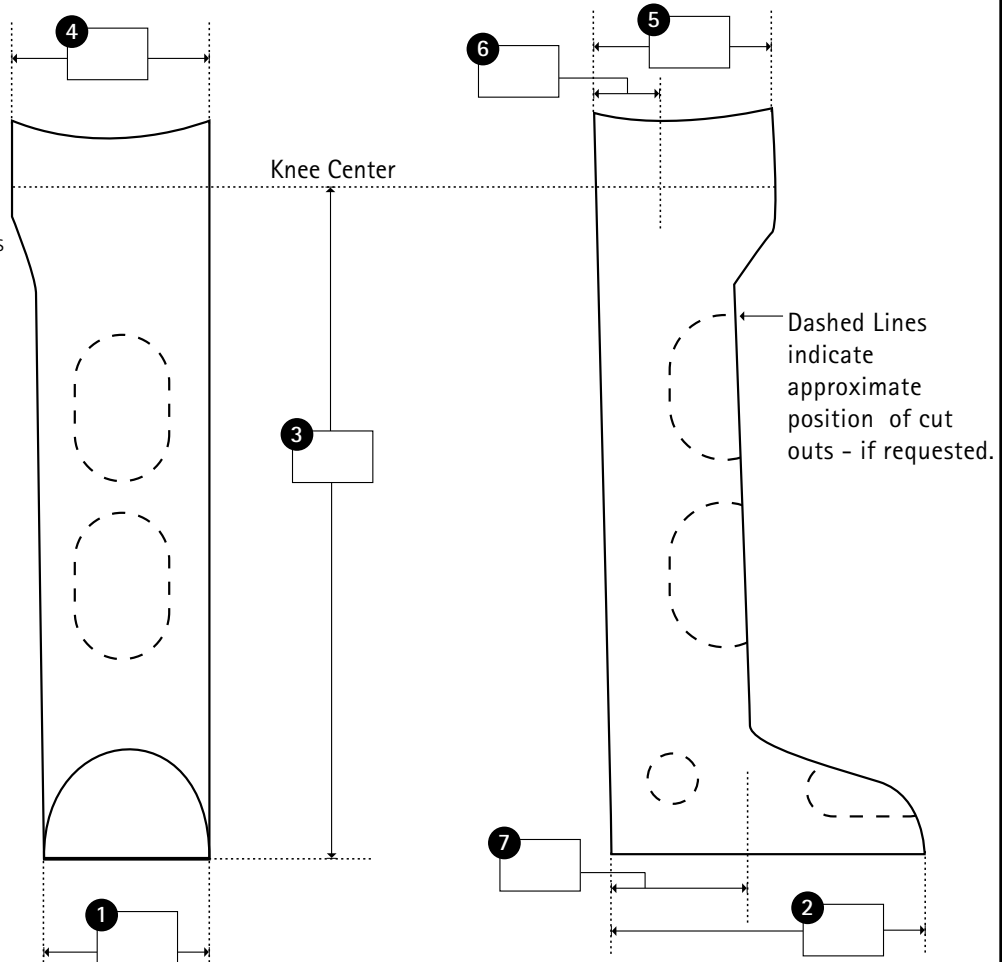
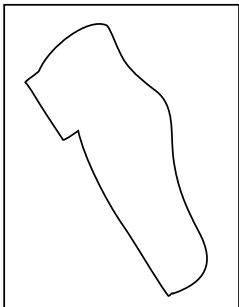
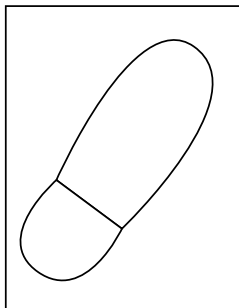
AFO ORDER FORM

Date _____ PO # _____ Orthotist _____
 Patient Name _____ Phone () _____ Fax () _____
 Age _____ Weight _____ lbs. Ship/Bill to Address _____
 Male/Female _____ Height ft. in. _____
 Diagnosis _____ Level _____ City _____ State _____ Zip _____

Measurements

Fill out all measurement boxes on this form.

1. Shoe width at widest part.
2. Shoe Length.
3. Knee Center to Floor.
4. Knee Width.
5. Knee Depth.
6. Knee Center to Posterior.
7. Shin - Anterior to Posterior.
8. Include a traced outline of the patients shoes on separate sheets.



Options

Indicate Knee Joints Desired

- Drop Lock (1/4 x 3/4")
- Heavy Duty (1/4 x 1")
- Extra Heavy Duty (3/8 x 1", Lower Bar 1/4 x 1")

Shipping

- Standard Ground
- RUSH (extra charge)
- Ship Assembled (extra charge)

Color of Plastic (Polypropylene)

- Black
- Blue
- Natural

Cut-Outs Included

- Yes
- No

If you need a custom design or expert advice please call us.