

Date: \_\_\_\_\_ PO#: \_\_\_\_\_ Account#: \_\_\_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_




City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

Dx: \_\_\_\_\_ Med Rec #: \_\_\_\_\_

Male  Female Age: \_\_\_\_\_ Weight (required): \_\_\_\_\_ Shoe Size \_\_\_\_\_  Shoe Enclosed








**PART 1** CASTING RECOMMENDATION: SEMIWEIGHTBEARING CASTING ON 1/2" HEEL-RAISED FOOTBOARD\*  
 Casted on footboard?  Yes  No Heel height of footboard \_\_\_\_\_  
 Right Only  Left Only  Bilateral  
 \*If patient diagnosis is flaccid neuromuscular instability of STJ, use a subtalar neutral casting position

<b>PART 2</b>	<b>POLYPROPYLENE SHELL</b>	<b>HEIGHT*</b> (from ground to top of poly shell)	<b>LEATHER COLOR</b>	<b>LINING</b>
	<input type="checkbox"/> Solid 	<input type="checkbox"/> 12.5 cm (5") <input type="checkbox"/> 18 cm (7") <input type="checkbox"/> 23 cm (9") <input type="checkbox"/> Custom _____	<input type="checkbox"/> Brown <b>New</b> <input type="checkbox"/> Black <input type="checkbox"/> Taupe	<input type="checkbox"/> Standard (glove leather) <input type="checkbox"/> Plastazote
	<input type="checkbox"/> Cut-Out Heel  <input type="checkbox"/> Stirrup 	* Padded collar (included on all AFOs) extends 2.5 cm (1") above poly shell		

<b>PART 3</b>	<b>FOOTPLATE LENGTH</b>	<b>SUGGESTED MEASUREMENTS</b>
	<input type="checkbox"/> To Mets <input type="checkbox"/> To Sulcus	1. Circumference at top of AFO _____ 2. Circumference at midfoot _____ 3. Circumference at malleoli _____

**PART 4** CLOSURE (see samples below)

<input type="checkbox"/> Lace - 2 Velcro Top Straps - <input type="checkbox"/> w/D-ring	<input type="checkbox"/> Velcro Strap - <input type="checkbox"/> w/D-ring
<input type="checkbox"/> Lace - 1 Velcro Top Strap - <input type="checkbox"/> w/D-ring	<input type="checkbox"/> Z Strap (Reverse Velcro)
<input type="checkbox"/> Lace	<input type="checkbox"/> Speed Lace (Top 3 Eyelets)

						
Lace with 2 Velcro Straps	Lace with 1 Velcro Strap	Lace	Velcro Strap	Velcro Strap with D-ring	Z Strap	Speed Lace

**SPECIAL INSTRUCTIONS**  Adjust/Refurbish as indicated  
 Standard Shipping  FedEx Ground (economy)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

**REORDERS** Fax reorders to (707) 257-4420  
 (To reorder, we must have a stored image of a stabilizer cast)

Reference Number: \_\_\_\_\_  
 (from bottom of AFO)

Exactly as before (see Rx number above)  
 Make exactly as prescribed above