

Date: _____ PO#: _____ Account#: _____

Doctor: _____

Address: _____

City: _____ State/Zip: _____ Telephone: _____




PATIENT NAME: _____

Dx: _____ Med Rec #: _____

For PROLAB
office use only

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

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

PART 3	FOOTPLATE LENGTH	SUGGESTED MEASUREMENTS
	<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"/> Lace - 1 Velcro Top Strap - <input type="checkbox"/> w/D-ring <input type="checkbox"/> Lace	<input type="checkbox"/> Velcro Strap - <input type="checkbox"/> w/D-ring <input type="checkbox"/> Z Strap (Reverse Velcro) <input type="checkbox"/> Speed Lace (Top 3 Eyelets)
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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: _____