

Custom AFO Order Form

Client details	
Date of Cast	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
Name	DOB
Diagnosis	Clinic
Orthotist	Order No.

Negative cast details

As cast 90° Calcaneus square Squared sides Dorsiflexed degree value _____ Plantarflexed degree value _____

Positive cast rectifications

Behind M.T.H. On M.T.H. Sulcus Full foot Neuro footplate 3 Point pressure Roll top

AFO style

RT LT Bilateral AFO GRO DAFO Clam shell GRO (oxford front) SAFO

Material requirements (please state two transfer choices, if no transfer or colour stated natural will be used)

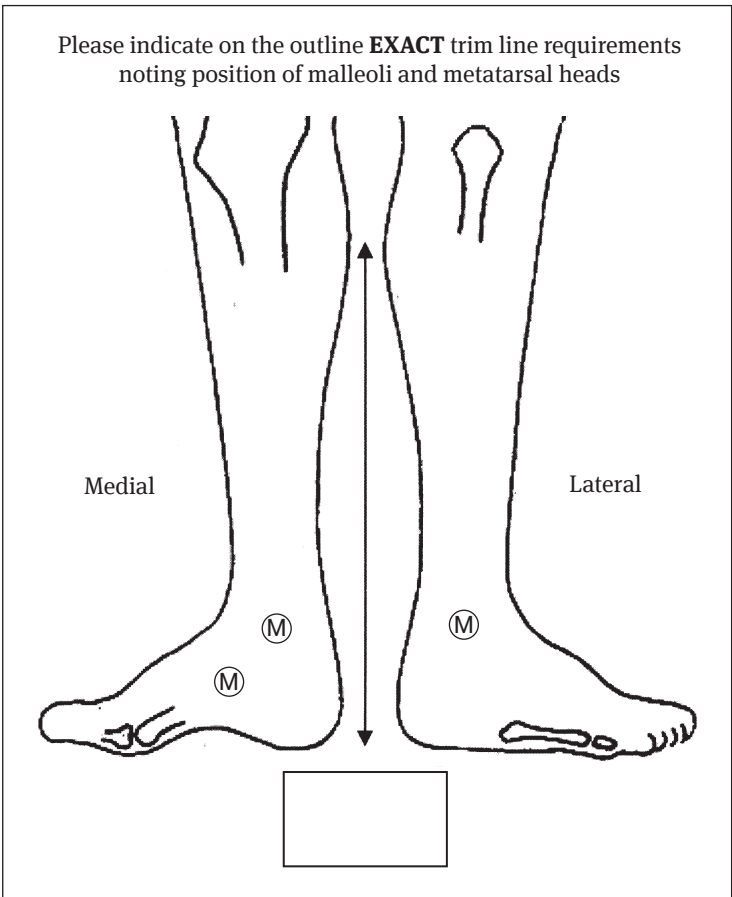
Natural polypropylene _____
 Homopolymer polypropylene _____
 Ortholen _____
 Sub Ortholen _____
 Polyethene _____
 Colour _____
 Transfer Choice 1 _____ 2 _____

Material thickness (mm)

2 3.1 4.7 5 6
 Carbon reinforcement req Yes No
 Ribbed reinforcement req Yes No
 Hinged Plastic Metal

Strapping requirements (unless stated all straps will be velcro, leather backed with D ring. Calf and heel straps will be fitted as standard)

Sliding pads <input type="checkbox"/>	Strap colour
Navicular <input type="checkbox"/>	Black <input type="checkbox"/>
Lay on velcro <input type="checkbox"/>	Blue <input type="checkbox"/>
Y strap <input type="checkbox"/>	Flesh <input type="checkbox"/>
Forefoot <input type="checkbox"/>	Natural <input type="checkbox"/>
Fairfield I/S <input type="checkbox"/> O/S <input type="checkbox"/>	Red <input type="checkbox"/>
Other _____	



Lining padding requirements

Line calf _____
 Full lining _____
 Padding over Malleoli _____

Addition measurements

Met width LT _____ RT _____
 Mall width LT _____ RT _____
 Mall height I/S _____ O/S _____
 Footplate length in mm _____

Additional requirements