

**Bill To:** \_\_\_\_\_  
Address: \_\_\_\_\_

**Ship To:** \_\_\_\_\_  
Address: \_\_\_\_\_

**Practitioner:** \_\_\_\_\_  
Phone #: \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

Height: \_\_\_\_\_  Left  Male  
 Weight: \_\_\_\_\_  Right  Female  
 Age: \_\_\_\_\_  Bilateral

**Order Date:** \_\_\_\_\_  
**In office date needed:** \_\_\_\_\_  am  pm

**OPS Invoice / NG Encounter:** \_\_\_\_\_

- STANDARD METAL**  
**Standard Metal AFO Includes:**
- Metal Calf Band
  - Leather Cuff
  - Stirrup Attached to Shoe

- STANDARD PLASTIC**  
**Standard Plastic AFO Includes:**
- 5/32 Finished Polypro
  - Ankle set at 90 degrees
  - Velcro closures

- STANDARD ARTICULATED**  
**Standard Articulated AFO Includes:**
- 5/32 Finished Polypro
  - Becker 740 Tamarack Joints
  - Velcro closures

- STANDARD PEDIATRIC TONE REDUCING**  
**Standard Pediatric Tone Reducing AFO Includes:**
- 1/16 Finished Polypro
  - Two (2) Straps

- |   |  |
|---|--|
| <input type="checkbox"/> Pad STS<br><i>Type:</i> _____                          | <input type="checkbox"/> Post Rear Foot or Fore Foot Crepe/Cork  |
| <input type="checkbox"/> Pad Arch<br><i>Type:</i> _____                         | <input type="checkbox"/> Post Full Foot Crepe/Cork               |
| <input type="checkbox"/> Pad Toe Ramp<br><i>Type:</i> _____                     | <input type="checkbox"/> Post Rear Foot or Fore Foot Polypro     |
| <input type="checkbox"/> Dacron Reinforced to Strap (each)                      | <input type="checkbox"/> Vent Holes                              |
| <input type="checkbox"/> Leather Reinforced to Strap (each)                     | <input type="checkbox"/> Carbon Reinforcements                   |
| <input type="checkbox"/> Pre Tib Strap  | <input type="checkbox"/> Bars Under Plastic                      |
| <input type="checkbox"/> De-rotation Strap                                      | <input type="checkbox"/> Decal Application<br><i>Type:</i> _____ |
| <input type="checkbox"/> Instep Strap   | <input type="checkbox"/> Tibial Torsion                          |
| <input type="checkbox"/> Figure 8 Strap   | <input type="checkbox"/> Patten Bottom                           |
| <input type="checkbox"/> Strap Pad  | <input type="checkbox"/> Caliper                                 |
| <input type="checkbox"/> Tone Reducing Feature                                  | <input type="checkbox"/> Split Stirrup                           |
| <input type="checkbox"/> PTB Feature  | <input type="checkbox"/> Long Tongue Stirrup                     |
| <input type="checkbox"/> Plastic UCB  | <input type="checkbox"/> Metal Foot Plate/Stirrup                |
| <input type="checkbox"/> Plastic Inner Boot 1/16 Material<br><i>Type:</i> _____ | <input type="checkbox"/> Growth Extension                        |
| <input type="checkbox"/> Add Plastic Tib Shell                                  | <input type="checkbox"/> Calf/Thigh Band                         |
| <input type="checkbox"/> Plastic Tongue 1/16 Material                           | <input type="checkbox"/> Spreader Bar                            |

**NON-STANDARD OPTIONS**

- |   |  |
|---|--|
| <input type="checkbox"/> Cast Modification                    | <input type="checkbox"/> Metal Double Upright                |
| <input type="checkbox"/> Plastic Pull Only                    | <input type="checkbox"/> Metal Single Upright                |
| <input type="checkbox"/> Solid Ankle                          |  |
| <input type="checkbox"/> Plastic Articulated Ankle            |  |
| <input type="checkbox"/> Plastic Double Upright               |  |
| <input type="checkbox"/> Plastic Floor Reaction               |  |
| <input type="checkbox"/> DAFO                                 |  |
| <input type="checkbox"/> SMO                                  |  |
| <input type="checkbox"/> Liner Full AFO<br><i>Type:</i> _____ | <input type="checkbox"/> Pad Malleolus<br><i>Type:</i> _____ |

**LEATHER OPTIONS**

- |  |  |
|--|--|
| <input type="checkbox"/> Molded Calf Corset                    | <input type="checkbox"/> Calf Cuff 180             |
| <input type="checkbox"/> Laces <input type="checkbox"/> Velcro | <input type="checkbox"/> T-Strap                   |
| <input type="checkbox"/> Full Calf Corset Non Molded           | <input type="checkbox"/> Patella Strap             |
| <input type="checkbox"/> Laces <input type="checkbox"/> Velcro | <input type="checkbox"/> T-Strap Custom to Tracing |
| <input type="checkbox"/> Calf Cuff 360                         |  |

**TYPE OF PLASTIC**

- |   |   |
|---|---|
| <input type="checkbox"/> Natural Polypro      | Color _____   |
| <input type="checkbox"/> Natural Copoly       | Finished _____  |
| <input type="checkbox"/> Natural Polyethylene | Thickness _____   |
| <input type="checkbox"/> Other                | <input type="checkbox"/> 1/8 <input type="checkbox"/> 3/16 <input type="checkbox"/> 1/4 |

**PATIENT NAME:** .....

**BRANCH:** .....

**LINER**

Thickness .....

Density .....

Color .....

**CORRECT ANKLE TO**

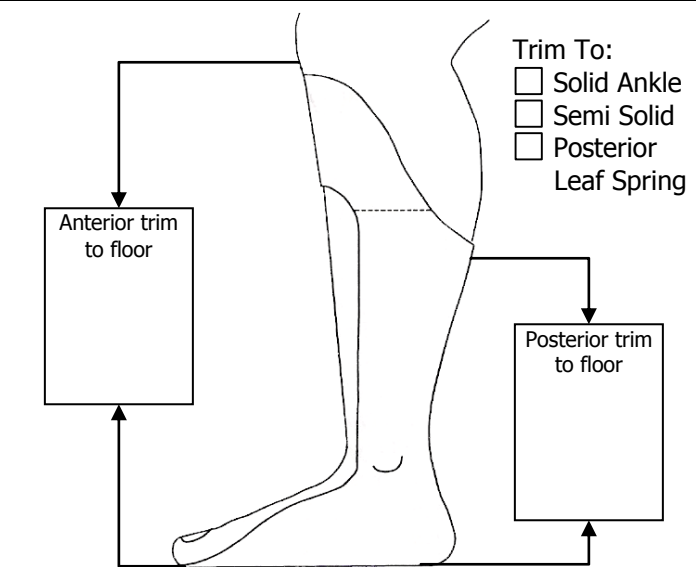
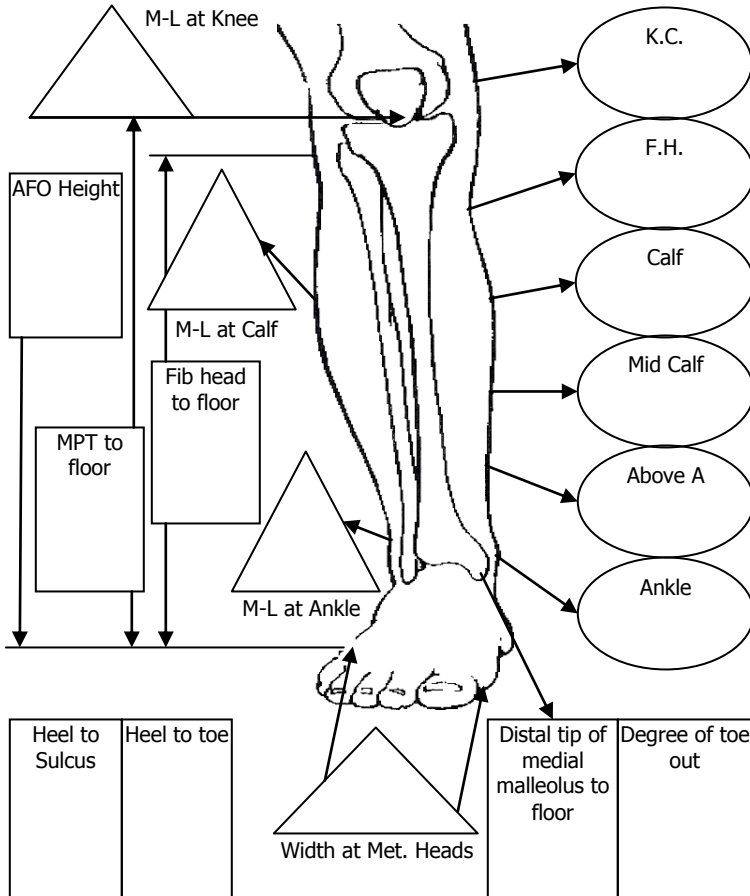
- 90 degrees
- Other .....

**TYPES OF ANKLE JOINTS**

- Gaffney Ankle Joint
- Gillette Ankle Joint
- Oklahoma Ankle Joint
- Tamarack
- Tamarack Dorsi-Assist
- Free Motion Ankle
- Limited Motion Ankle
- Klenzak Ankle
- Double Action Ankle
- Other .....

**ANKLE STOP**

- Elite PAS-100 (Posterior Adj. Stop)
- Elite PAS-100 (Posterior Spring Assist)
- 655-MCL (Motion Control Limiter)
- 755-MCL (Motion Control Limiter)
- 795-MCL (Motion Control Limiter)
- Other .....



**SPECIAL INSTRUCTIONS:**

.....

.....

.....

.....

.....

.....

.....

.....

.....