


PATIENT

Last Name/Patient ID

First Name

DOB / / Male Female

Weight Height

Dx

Right Left Bilateral

COMPANY

Name

Contact Name

Phone Fax

E-mail

BILLING / SHIPPING

BILLING

Address

City

ST/Prov Zip

Shipping address same as billing? Yes No

SHIPPING

Address

City

ST/Prov Zip

PO #

Order confirmation: Fax E-mail

FedEx SHIPPING OPTIONS

Need by Date

Ground®FREE

2 Day® A.M. 10:30 a.m. or noon 2nd business day\$30.00

Priority Overnight® 10:30 a.m. next business day\$55.00

First Overnight® 8:00 a.m. next business day\$100.00

Next Day \$75.00

Same Day \$100.00

24 Rush Fab Shipping charges apply separately

CASTS

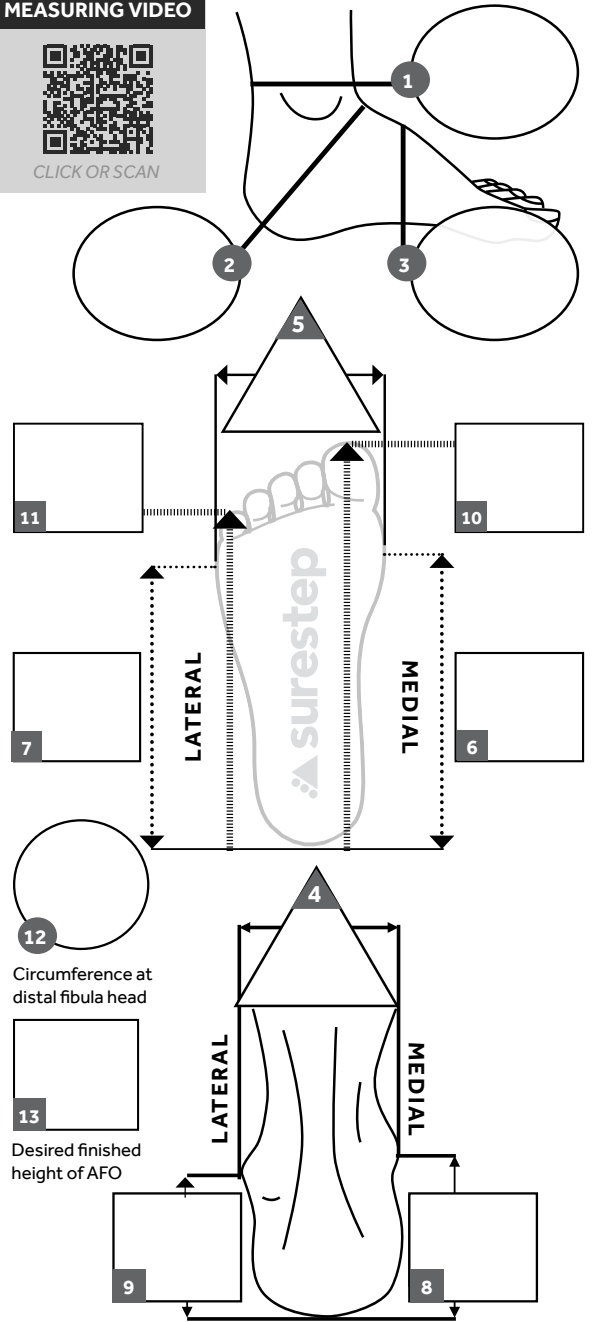
Sending Casts: Yes No

Return impressions pre-modifications \$20.00/pr.

Send casts: 17530 Dugdale Dr. South Bend, IN 46635

MEASUREMENTS

Circumference Width Distance

MEASURING VIDEO


* If number 5 measurement is 3" or greater, a cast is required.

DEVICE STYLE

Hinged AFO, Custom Fabricated

Device to promote:	<input type="checkbox"/> Flexion	<input type="checkbox"/> Extension
Ankle joint lateral:	<input type="checkbox"/> MultiMotion	<input type="checkbox"/> Ultraflex
Ankle joint medial:	<input type="checkbox"/> Free Motion Joint (includes nighttime stretching strap)	<input type="checkbox"/> Free Motion Joint (slide)
Dorsum strap placement:	<input type="checkbox"/> Tamarack	<input type="checkbox"/> C.O.D.
	<input type="checkbox"/> Riveted to molded inner boot <i>Standard</i>	
	<input type="checkbox"/> Riveted to AFO Shell	

CORRECTION

Cast Modifications Neutral/90 As casted

Heel: Ankle: Forefoot:

PLASTIC OPTION

Polypropylene Polyethylene Copolymer Other:

Thickness: Color:

PATTERN **CHAFE (D-RINGS)**

Plastic *Standard* Dacron *Optional, no charge*

STRAP COLOR **DORSAL PAD**

Dorsal Pad *Standard* Neoprene Pad *Optional, no charge*

ADDITIONS/MODIFICATIONS (Additional charges may apply, see price list)

<input type="checkbox"/> Liner	<input type="checkbox"/> MPE <input type="checkbox"/> Duraflex <input type="checkbox"/> Foam
<input type="checkbox"/> Volara (white) <input type="checkbox"/> Puff	<input type="checkbox"/> 1/16" <input type="checkbox"/> 3/32" <input type="checkbox"/> 1/8"
<input type="checkbox"/> Other:	<input type="checkbox"/> 1/8" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"
<input type="checkbox"/> Dorsum Wing	TRIM LINE
<input type="checkbox"/> Medial <input type="checkbox"/> Lateral	Height: <input type="checkbox"/> SMO <input type="checkbox"/> Full
<input type="checkbox"/> Heel Post	Boot: <input type="checkbox"/> Short <input type="checkbox"/> Surestep
<input type="checkbox"/> Rigid Plastic <input type="checkbox"/> Crepe	<input type="checkbox"/> Full Length Footplate
<input type="checkbox"/> T-Strap	<input type="checkbox"/> Pre-Tibial Shell
<input type="checkbox"/> Medial <input type="checkbox"/> Lateral	<input type="checkbox"/> Internal (tuck-in)
<input type="checkbox"/> Duraflex <input type="checkbox"/> Polyethylene	<input type="checkbox"/> MPE <input type="checkbox"/> Duraflex
<input type="checkbox"/> Walking Base (Attached to AFO)	<input type="checkbox"/> 3/32" <input type="checkbox"/> 1/8"
	<input type="checkbox"/> External (overlap)
	<i>Material same as device</i>
	Specify thickness:

NOTES