



PATIENT

Patient ID _____

Age _____ Weight _____ Height _____

Dx _____

Bilateral Left Right

COMPANY

Name _____

Contact Name _____

Phone _____ Fax _____

E-mail _____

SHIPPING

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

RUSH 4 Day Turnaround.....\$100.00

FOOTWEAR

	SIZE	QTY	COLOR
<input type="checkbox"/> Toddler Styles 3T - 9T			
<input type="checkbox"/> Youth Styles 10Y - 3Y			
<input type="checkbox"/> Heel Entry Style 3T - 3Y			White/Beige
<input type="checkbox"/> Sandals 3T - 3Y			Green

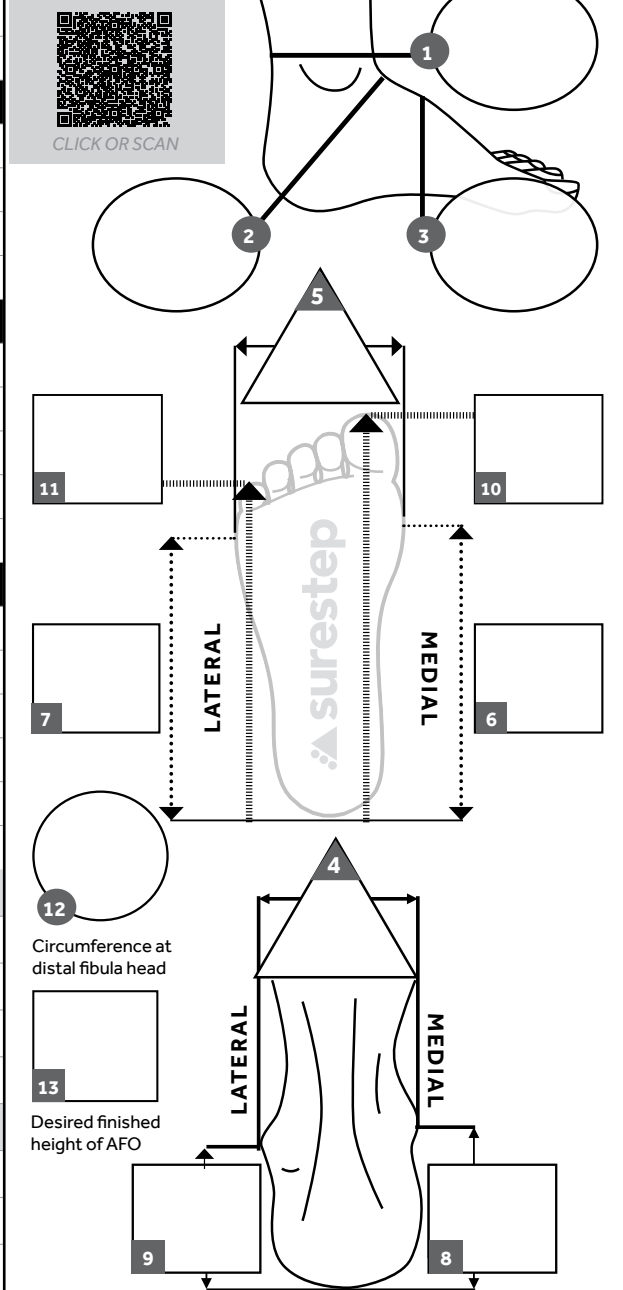
AFO SOCKS 1 PAIR/PACK

	QTY	COLOR
<input type="checkbox"/> Infant 1 3/8" x 7 1/4"		
<input type="checkbox"/> Toddler 2" x 9"		
<input type="checkbox"/> Small 2 1/4" x 12"		
<input type="checkbox"/> Medium 3" x 15"		

MEASUREMENTS

● Circumference ▲ Width ■ Distance

MEASURING VIDEO



* if number 5 measurement is 2 3/4" or greater, a cast is required.

ORDER SUBMISSION TYPE

Cast (All Casts are corrected to neutral 90 degrees) Measurements

Scan of Cast Scan of Foot

STYLE

Advanced AFO 1/16" Copoly, no molded inner boot, less than 80 lbs

PATTERN **STRAP COLOR**

CHAFE (D-RINGS) **DORSAL PAD**

Plastic Standard Dacron Optional, no charge Dorsal Pad Standard Neoprene Pad Optional, no charge

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

Non-Skid Sole*

Houdini Straps*

Adjustalift*

Metatarsal Pads*

Toe Plateaus*

Open Heel AFO* Includes molded inner boot

Carbon Fiber Footplates* Shoes sizes 3-7

Spring Steel Footplates* Insole tracing required

NOTES

*Additional charges may apply, see price list.