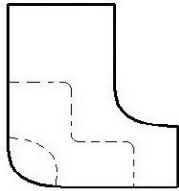


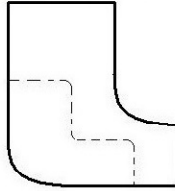
Account Name _____	Phone (____) _____ - _____
Address _____	Date _____ - _____
City _____	State _____ Zip _____
Practitioner Name _____	e-mail _____

Patient Name	<input type="text"/>	M <input type="checkbox"/> / F <input type="checkbox"/>
Patient Weight	<input type="text"/> lbs	Diagnosis _____
Principal Reason for the AFO _____		
Is Patient currently <input type="radio"/> Ambulatory OR <input type="radio"/> Non-Ambulatory?		

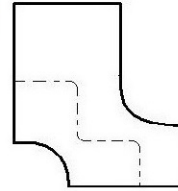
Cut-Out Heel (Closed Heel)



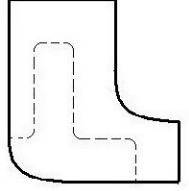
Solid Shell (Traditional)



Cut-Out Heel (Open Heel)



SMO Trim Line



Choose Style:

CAST MODS

Flexible: Correct to Neutral

Correct Forefoot to Neutral

Correct Ankle Varus/Valgus

Rigid Foot: Leave As Is

RIGIDITY

Semi Rigid - Polyethylene
Some flexibility;
Less bulky, easier to fit

Rigid - Polypro
No flexibility;
More bulky, harder to fit

FINAL HEIGHT
(From ground to top of shell)

7"

8"

9"

Other ___ in"

QUICK PICK!
*7" Cut-Out Heel
(Closed Heel)
Semi Rigid
Leather Lining
Black, Laces*

CLOSURE

Lace

Lace with Top Velcro:
O Strap OR O D-Ring?

All Velcro:
O Strap OR O D-Ring?

Padded Collar

COLOR

Black

Beige

Dark Brown

Other _____

LENGTH

To Mets only

To Sulcus:
O Rigid to Mets, soft ext. to Sulcus

OR

O Rigid plate to Sulcus

SPECIAL INSTRUCTIONS

LEAP Balance Brace

VELCLOTH, Semi-Rigid Polypro
(NOTE: Cast must be >9" tall)

LINING

Leather

Plastazote

Padded Leather