hersco ORTHO LABS™
39-28 Crescent Street, Long Island City, NY 11101
tel: 800.301.8275
fax: 718.391.0406
web: hersco.com

1st in Customer Satisfaction and Orthopedic Excellence

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

Patient Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ M ❑ / F ❑
Patient Weight ☐☐☐ lbs Diagnosis _____
Principal Reason for the AFO _____
Is Patient currently ○ Ambulatory OR ○ Non-Ambulatory? Activity Level _____

MEASUREMENTS

**** For Best Results ****

Knee Center _____ *to Floor*

Fib Head _____ *to Floor*

Malleolus _____ *to Floor*

CAST MODS

- O Rigid Ankle: Leave As Is
- O Flexible: Correct to Neutral
- O Correct Ankle Varus/Valgus
- O Correct Forefoot to Neutral

STYLE

O Split Caliper **OR** O Solid Stirrup?

O Bar Size _____ X _____

ANKLE JOINT

O Solid **OR** O Articulating

O Free Motion

O Double Action

Anterior: Pin **OR** Spring?

Posterior: Pin **OR** Spring?

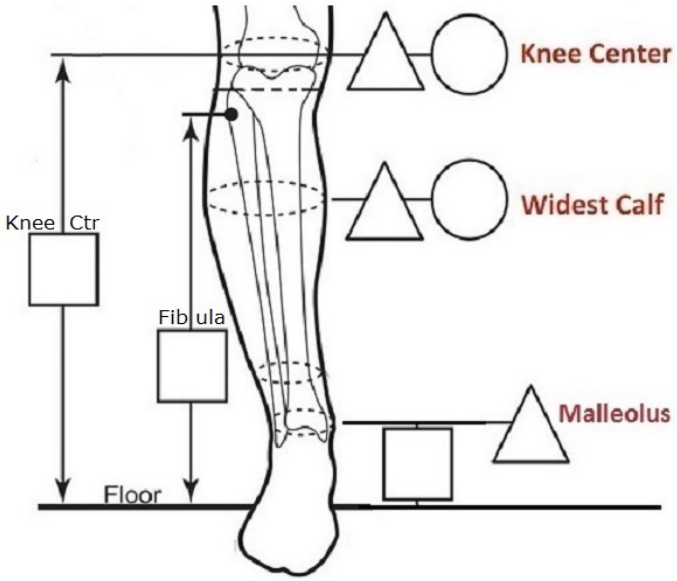
O Other _____

T-STRAP

O Medial **OR** O Lateral?

DOUBLE METAL UPRIGHT AFO

Right ❑
Left ❑



SPECIAL INSTRUCTIONS

QUESTIONS? CALL US **TOLL FREE** 800.301.8275