

AFO ORTHOMETRY FORM

CUSTOMER NAME: _____

BILL TO / SHIP TO: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT: _____

EMAIL: _____

PATIENT NAME: _____

AGE: _____ HT: _____ WT: _____ SEX: _____

DIAGNOSIS: _____

PO# : _____

SHIPPING METHOD: _____

Fill out all information listed, or case may be delayed

RIGHT LEG LEFT LEG BILATERAL

*****PLEASE CORRECT YOUR CAST IF NECESSARY!!!!!!*

CORRECT CAST TO 90 DEGREES _____

LEAVE CAST AS IS: _____

CORRECT ANKLE VARUS/VALGUS TO NEUTRAL: _____

ANKLE JOINT CONDITION FIXED (DEGREE) _____

FLEXIBLE

REMARKS: _____

MATERIALS

POLYPRO COPOLY

THICKNESS: 1/8" 5/32" 3/16"

COLOR: NATURAL BLACK

LINER: UNLINED 1/8" 3/16" 1/4"

VOLARA FOAM

SOFT

FIRM

ANKLE JOINTS

TAMARACK OKLAHOMA

TRIM LINES

PLS SEMI SOLID

ANKLE MOTION: FREE 90 STOP OTHER

PLANTAR STOPS: ELITE PLASTIC W/

ELITE SPRING ASSIST URETHANE BUMPER

OTHER: _____

Footplate: FULL FOOT SULCUS METHEAD

STRAPS

HOOK & LOOP OR DACRON BACKED

COLOR: WHITE BLACK

COPPER RIVETS SPEEDY RIVET SCREWS

INSTEP STRAP

VARUS/VALGUS CONTROLLED STRAP

POSTERIOR CHECK STRAP

MEASUREMENTS

* BOTTOM OF HEEL TO FIBULA HEAD (AFO HEIGHT): _____

* FULL FOOT LENGTH: _____

* ANKLE M/L: _____

* PROX CALF CIRC: _____

* MET HEAD WIDTH: _____

*** MANDATORY**

SPECIAL INSTRUCTIONS [MODIFYING OR FINISHING]:

ANATOMICAL CONCEPTS, INC
 1399 E. WESTERN RESERVE ROAD
 POLAND, OH. 44514
 P: 330-757-3569 / 800-837-3888
 F: 330-757-3634 / 800-657-7236
 Email: info@anatomicalconceptsinc.com



**CASTS WILL BE SAVED FOR 30 DAYS UNLESS OTHERWISE REQUESTED.