

AFO ORTHOMETRY FORM

CUSTOMER NAME: _____

BILL TO / SHIP TO: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT: _____

EMAIL: _____

PATIENT NAME: _____

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

DIAGNOSIS: _____

PO# : _____

SHIPPING METHOD: _____

STANDARD TURNAROUND TIME: 10-15 BUSINESS DAYS

**Rush Options: 24 hrs-\$100 ea 2-5 business days-\$75 ea
6-9 business days-\$50 ea**

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: _____

REMARKS: _____

TRIM LINES

PLS ☐ SEMI ☐ SOLID ☐

ANKLE MOTION: FREE ☐ 90 STOP ☐ OTHER ☐

PLANTAR STOPS: ELITE ☐ PLASTIC ☐

OTHER: _____

Footplate: FULL FOOT ☐ SULCUS ☐ PROX TO MTP ☐

STRAPS

HOOK & LOOP ☐ OR DACRON BACKED ☐

COLOR: WHITE ☐ BLACK ☐

COPPER RIVETS ☐ SPEEDY RIVET ☐ SCREWS ☐

INSTEP STRAP ☐

MATERIALS

POLYPRO ☐ COPOLY ☐

THICKNESS: 1/8" ☐ 5/32" ☐ 3/16" ☐

COLOR: NATURAL ☐ BLACK ☐

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

VOLARA ☐ TERRY CLOTH 3/8" ☐

ANKLE JOINTS

TAMARACK ☐ OKLAHOMA ☐

MEASUREMENTS

- BOTTOM OF HEEL TO FIBULA HEAD (AFO HEIGHT): _____
- FULL FOOT LENGTH: _____
- ANKLE M/L: _____
- PROX CALF CIRC: _____
- MET HEAD WIDTH: _____

SPECIAL INSTRUCTIONS [MODIFYING OR FINISHING]:

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