

Date: ___/___/___

Bill To: Acct# _____

Account Name: _____
 Address: _____

 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Casting Contact: _____
 e-mail: _____

Ship To:

Ship To Same as Bill Address:

Ship To Address: _____

 City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____
 P.O. #: _____

Patient Name: _____ Male Female Weight: _____ Age: _____

Activity Level: Non Ambulatory Low / Transfer Medium High / Active

Diagnosis: Posterior Tibial Tendon Dysfunction (PTTD) Degenerative Joint Disease Severe Pronation
 Trauma Other: _____

Clinical Observation:

Ankle: Normal/Flexible Limited Fixed / Fused **Forefoot:** Normal / Flexible Limited Fixed / Fused

Footwear: Comfort Athletic Extra Depth Custom Molded **Shoe Enclosed**

Color:

- Black Medium Brown
 Beige (taupe) Bone (cream)

Closure Type:

- All Laces Lace w/Speed Hooks All Velcro®
 Combination (Laces with one Velcro® at top)

Height: (Measured from base Heel to top of collar)

- 7" 9"(standard) 12" other _____

Cast Modifications: Use Lab Discretion

Leg to Floor: Correct to 90° 90° to low board Leave as Casted

Forefoot: Correct to Neutral Leave as Casted

Rearfoot: Correct to Neutral Leave as Casted

Please Call For Consult

Addition Comments

AFO Models

- Standard** **Basic** **Dynamic** **Solid Ankle**



Semi-Rigid



Flexible



Articulating Ankle



Rigid Control

