



Certified Orthopedics, Inc.
2415 E. Mulberry St., Unit 7
Fort Collins, CO 80524
ph 970-482-7116 • fax 970-498-9529
www.certifiedortho.com

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THERMOPLASTIC AFO - ORDER FORM

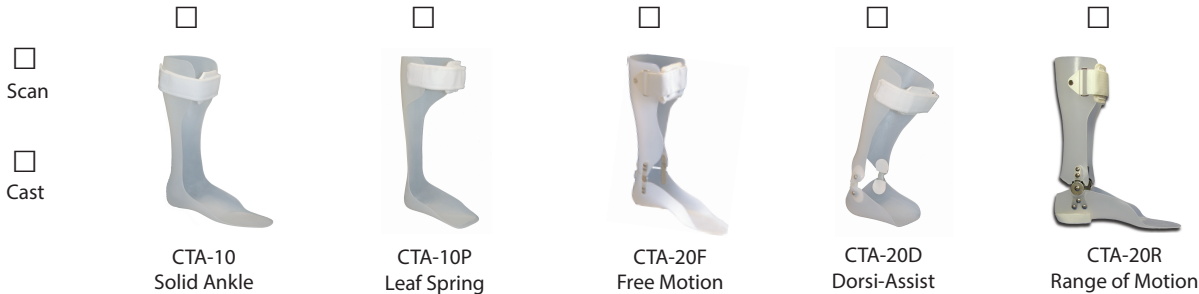
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Last Name: _____
First Name: _____
Age: _____ Sex: _____ Height: _____ Weight: _____
Diagnosis: _____
Phone #: _____ Fax #: _____
☐ Right ☐ Left ☐ Bilateral

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Date: _____ P.O.#: _____
Facility: _____
Address: _____
Contact Name: _____
Ship via: _____
Requested Date of Delivery: _____
(Please allow for shipping time)

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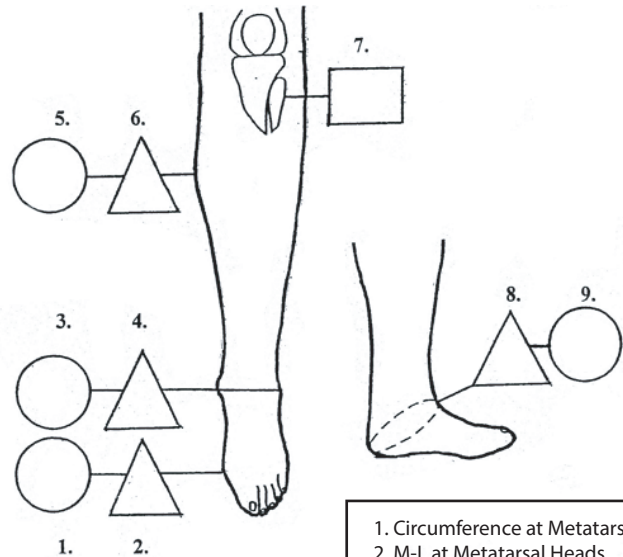
MODIFYING INSTRUCTIONS

- ANKLE ☐ As Is ☐ Correct to 90°
☐ Amount _____° ☐ Dorsi ☐ Plantar
- HINDFOOT ☐ As Is ☐ Correct to Neutral
- FOREFOOT ☐ As Is ☐ Correct to Neutral
☐ Metatarsal Pad: Amount _____"
☐ S.T. Modification

OTHER MODIFYING INSTRUCTIONS

FABRICATION INSTRUCTIONS

- ☐ Plantar Stop ☐ Standard ☐ Adj. Stop ☐ Other _____
☐ Liner _____ (specify mat. and thickness)
☐ Pads _____ (specify area and material)
☐ Ankle Reinforced ☐ Compcore ☐ Other _____
☐ Correction Flare padded/lined
☐ Valgus/Medial ☐ Varus/Lateral
☐ Proximal Trim Line Flare
☐ Extend Trim Line to control Forefoot: ☐ Medial ☐ Lateral
☐ Plastic: ☐ Polypropylene ☐ Copolymer ☐ Polyethylene
Thickness/Color: _____
Other: _____
☐ Transfer Pattern # _____
☐ Laminated: Color _____
☐ Tri-lam Insert ☐ Plastazote ☐ Microcell



1. Circumference at Metatarsal Heads
2. M-L at Metatarsal Heads
3. Circumference at Ankle
4. M-L at Ankle
5. Circumference at Mid Calf
6. M-L at Mid Calf
7. Height to Fibular Head
8. A-P Diameter heel to dorsum of foot
9. Circumference heel to dorsum of foot

EXTERNAL POST

- ☐ Crepe ☐ Plastic ☐ Other _____
- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| Forefoot | Hindfoot | Both |
| ☐ Neutral | ☐ Neutral | ☐ Neutral |
| ☐ Medial | ☐ Medial | ☐ Medial |
| ☐ Lateral | ☐ Lateral | ☐ Lateral |
| Amount: _____ | Amount: _____ | Amount: _____ |

ADDITIONAL INFORMATION