CERTIFIED
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ZERO-G AFO™ CUSTOM ORDER FORM

PATIENT

First Name: _____

Last Name: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Diagnosis: _____

_____

Phone #: _____ Fax #: _____

☐ Right ☐ Left ☐ Bilateral

PRACTITIONER

Date: _____ P.O.#: _____

Facility: _____

Address: _____

_____

Contact Name: _____

Ship via: _____

Requested Date of Delivery: _____

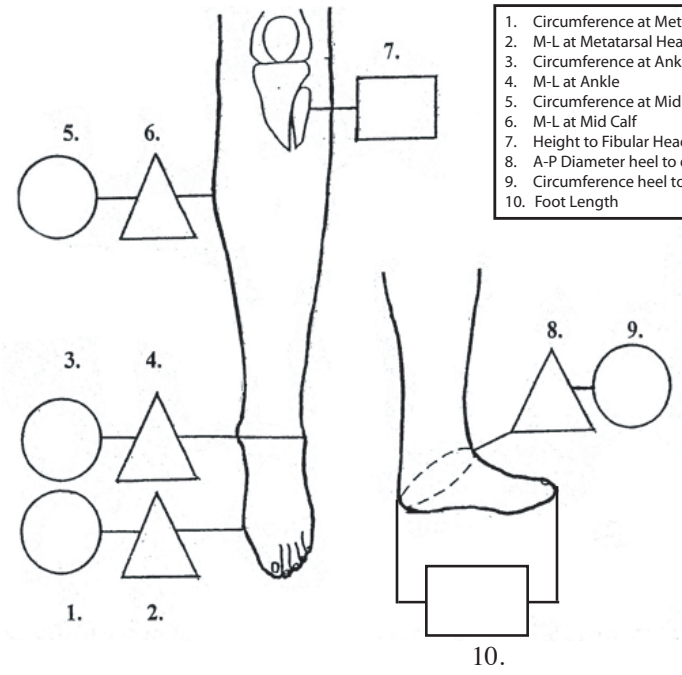
(Please allow for shipping time)

STYLE

☐ **Cast** ☐ **Scan**

☐

Fabricate using Standard Set Up
(Omits any other options)
See Standard Set Up Below



MOLD PREPARATION INSTRUCTIONS

ANKLE ☐ As Is ☐ Correct to 90˚
☐ Amount_____˚ ☐ Dorsi ☐ Plantar

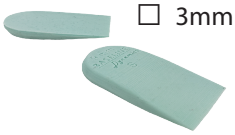
HINDFOOT ☐ As Is ☐ Correct to Neutral
FOREFOOT ☐ As Is ☐ Correct to Neutral

HEALING SHOE SIZING

☐ Small (8.19"- 9.02")
☐ Medium (9.17"- 9.84")
☐ Large (10.04"- 10.75")
☐ X-Large (10.91"- 11.57")
☐ XX-Large (11.77"- 12.25")

ADDITIONAL OPTIONS

☐ PTB Height Lacer
☐ Arch Pull Strap ☐ Medial ☐ Lateral
☐ Ankle T-Strap ☐ Medial ☐ Lateral
☐ Line Foot Plate ☐X-Static ☐Other_____
☐ Foot Insert ☐ Tri-Lam ☐Other_____
☐ Rearfoot Post, Extrinsic Med._____˚ Lat._____˚
☐ Forefoot Post, Extrinsic Med._____˚ Lat._____˚
☐ **PADDING** ☐Heel Pad ☐Arch Pad
☐ PPT Metatarsal Pad Extrinsic
☐ Heavy Duty Stainless Steel Uprights
☐ Additional Calf Lacer Volume Pad
☐ Additional Over-The-Calf Seamless Zero-G AFO™ Sock
☐ Heel Lift ☐ Small ☐ Medium ☐ Large
☐ 3mm ☐ 6mm ☐ 9mm Qty ____



SHOE SIZE - REQUIRED INFORMATION

Shoe Size:_____ Width:_____
☐ Men's ☐ Women's

STANDARD SET UP FOR ZERO-G CUSTOM AFO™

- Standard Mold Modifications
- Scanned file modification, prep, and carving
- Zero-G Healing Shoe
- Double action ankle joints with aluminum uprights
- Padded proximal tibial cuff
- Custom molded calf lacer
- Donning stick
- Velcro closure system
- One over-the-calf seamless Zero-G AFO™ Sock

Unless specified, the standard set up will be used for fabrication

ADDITIONAL INFORMATION: _____

_____

_____