CERTIFIED

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PEDIATRIC AFO 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)

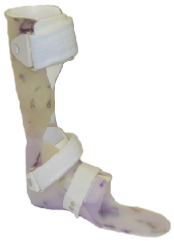
STYLES

☐ **Cast** ☐ **Scan** ☐ **Custom to Measurement**

PLS Ankle

☐ PLS Ank

☐ PLS Ankle w/SMO



Solid Ankle

☐ Solid Ankle

☐ Solid Ankle w/SMO

Articulating Ankle

☐ Articulating Ankle

☐ Articulating Ankle w/SMO

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

☐ ANKLE JOINT ☐Free ☐Dorsi ☐R.O.M ☐Other_____

☐ PLANTAR STOP ☐ Standard ☐ Adj. Stop ☐ Other_____

☐ Liner _____ (specify mat. and thickness)

☐ Pads _____ (specify area and material)

☐ Ankle Reinforced ☐ Compcore ☐ Other _____

☐ Correction Flare: ☐ Valgus/Medial ☐ Varus/Lateral

☐ Rear Entry ☐ Proximal Trim Line Flare

☐ Extend Trim Line to control Forefoot: ☐ Medial ☐ Lateral

☐ Plastic: _____(if different than std.)

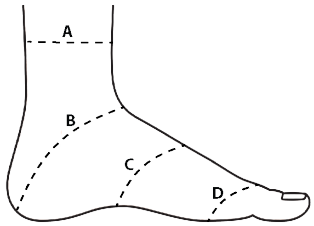
☐ Transfer Pattern # _____

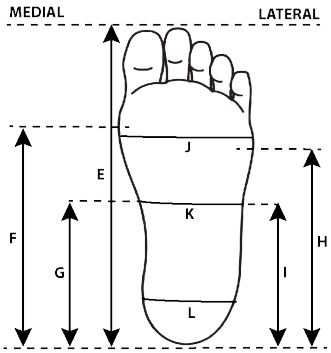
EXTERNAL POST

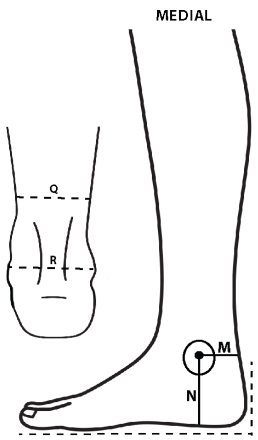
☐ Crepe ☐ Plastic ☐ Other_____

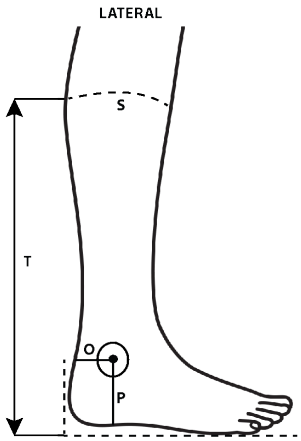
FOREFOOT	**HINDFOOT**	**BOTH**
☐ Neutral	☐ Neutral	☐ Neutral
☐ Medial	☐ Medial	☐ Medial
☐ Lateral	☐ Lateral	☐ Lateral
Amount:_____	Amount:_____	Amount:_____

*Non-Loaded & Neutral
*MM Measurements









A. _____	*Supramall. Circ.*	K. _____	*Width Apex of Nav. & Base of 5th Meta*
B. _____	*Instep Circ.*	L. _____	*Width of Heel at Widest*
C. _____	*Midfoot Circ. through Arch*	M. _____	*Length Heel to Medial Mall*
D. _____	*1st Met to 5th Met Circ.*	N. _____	*Length Ground to Apex of Med. Mall.*
E. _____	*Foot Length*	O. _____	*Length Heel to Lateral Mall.*
F. _____	*Heel to 1st Met Head Length*	P. _____	*Length Ground to Apex of Lat. Mall.*
G. _____	*Heel to Navicular Length*	Q. _____	*Width at Supramalleolar*
H. _____	*Heel to Base of 5th Met Length*	R. _____	*Width at Malleoli*
I. _____	*Heel to Base of 5th Meta. Length*	S. _____	*Calf Circum. at Widest*
J. _____	*Width between Met. Heads*	T. _____	*Height to Fibular Head*

☐ **SHOES** ☐ Children's ☐ Toddler

Size:_____ Width:_____ Company:_____ Style:_____ Color:_____ Closure:_____

Other Info:_____