CERTIFIED

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PEDIATRIC SKELETON 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**

☐ **Skeleton Solid Ankle SMO/AFO**

MODIFICATION & FABRICATION 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:_____
☐ Transfer Pattern #:_____
☐ Correction Flare: ☐ Valgus/Medial ☐ Varus/Lateral
☐ Extend Trim Line to Control Forefoot: ☐ Medial ☐ Lateral

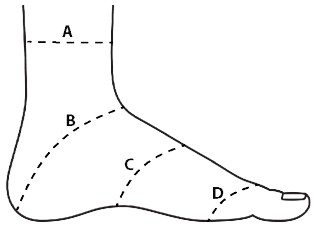
STANDARD DYNA-LOCK NIGHT AFO INCLUDES

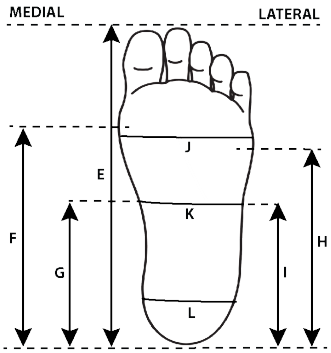
- Standard Modifications
- 3/16" PolyPro Plastic
- Abbreviated "Skeleton" Style Trim Lines
- Flexible Plastic SMO & Calf Lacer Lined with Aliplast
- Carbon Reinforced Ankle
- Dorsum Strap, Ankle Strap, Padded Pretibial Strap
- Dorsum Overlaps
- Malleolus Pads
- Transfer Pattern

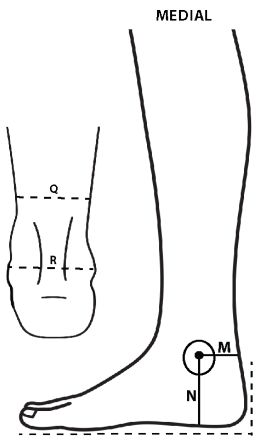
☐ Crepe ☐ Plastic ☐ Other_____

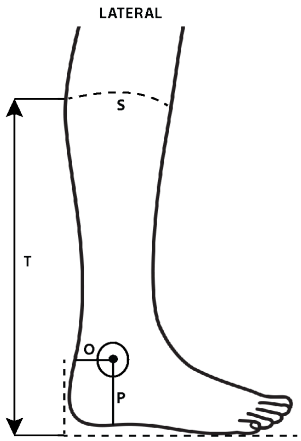
FOREFOOT	**HINDFOOT**	**BOTH**
☐ Neutral	☐ Neutral	☐ Neutral
☐ Medial	☐ Medial	☐ Medial
☐ Lateral	☐ Lateral	☐ Lateral
Amount:_____	Amount:_____	Amount:_____

*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:_____