CERTIFIED

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

STABILIZER PERFORMANCE AFO SYSTEM ORDER FORM

PATIENT

First Name: _____

Last Name: _____

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

Diagnosis: _____

_____

Phone #: _____ Fax #: _____

☐ Right ☐ Left ☐ Bilateral

☐ Cast ☐ Scan

PRACTITIONER

Date: _____ P.O.#: _____

Facility: _____

Address: _____

_____

Contact Name: _____

Ship via: _____

Requested Date of Delivery: _____

(Please allow for shipping time)

☐ ☐ ☐ ☐ ☐ ☐

SPA-10
Solid Ankle

SPA-20
Overlap Free Motion

SPA-40
Free Motion w/Joint

SPA-50
Articulating
Dorsi-Assist

SPA-60
Articulating
Range of Motion

SPA-70
Hybrid

☐ w/ Free Motion
☐ w/ Range of Motion
☐ w/ Dorsi-Assist

ADDITIONAL OPTIONS

☐ **SPA-1** Medial/Lateral Arch Pull Strap
☐ **SPA-2** Night Splint Straps
☐ **SPA-3** Shin Guard/Shield
☐ **SPA-4** Foot Insert/Foot Orthotic (Foot Lining Standard)
☐ **SPA-5** Rearfoot Post, Extrinsic Med._____° Lat._____°
☐ **SPA-7** Forefoot Post, Extrinsic Med._____° Lat._____°
☐ **SPA-9** Heel Pad, Arch Pad, or Malleolus Pad Accomodation
☐ Correction Flare padded/lined
☐ Valgus/Medial ☐ Varus/Lateral

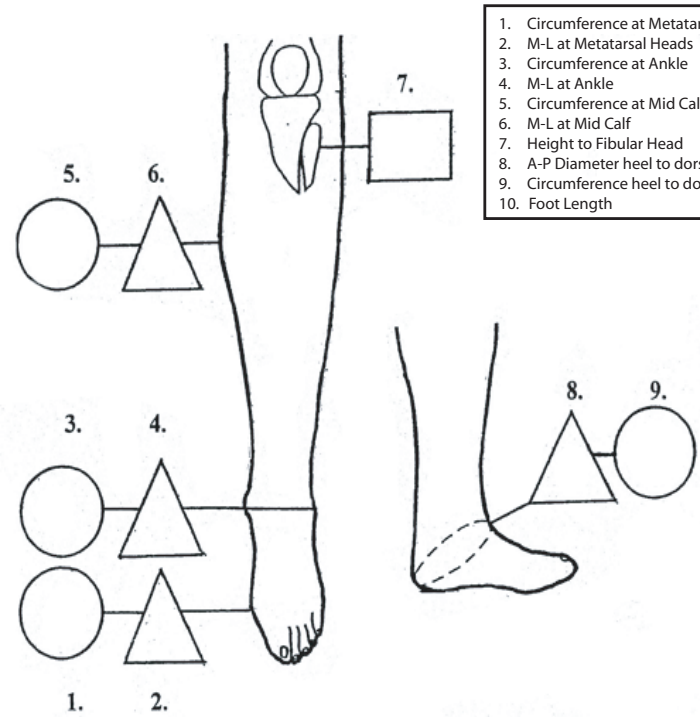
MODIFYING INSTRUCTIONS

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

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

FABRICATION INSTRUCTIONS

☐ **PLANTAR STOP**
☐ Standard ☐ Adj. Stop ☐ Other_____
☐ **CORRECTION FLARE PADDED/LINED**
☐ Valgus/Medial ☐ Varus/Lateral
☐ **CONNECTED POSTERIOR TRIM LINE**



ADDITIONAL INFORMATION

_____

_____

_____

_____