



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

CERTIFIED

THERMOPLASTIC AFO - ORDER FORM

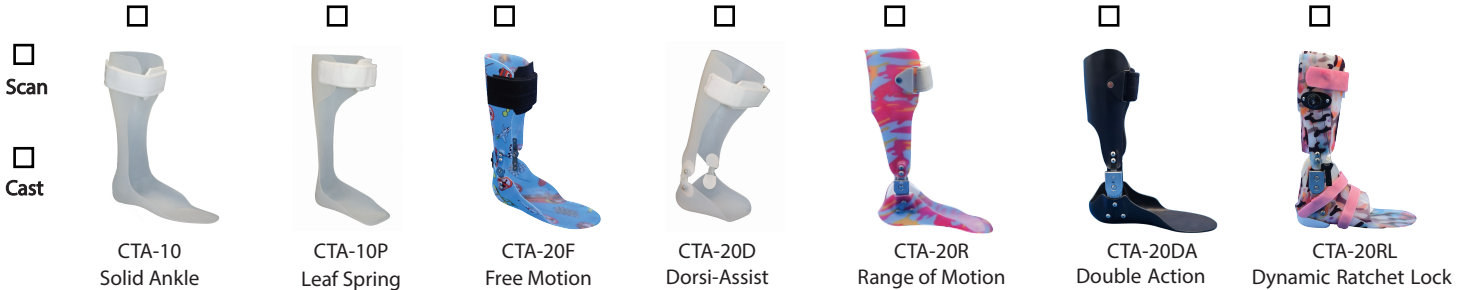
P
A
T
I
E
N
T

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

P
R
A
C
T
I
T
I
O
N
E
R

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

S
T
Y
L
E
S



S
T
Y
L
E
S

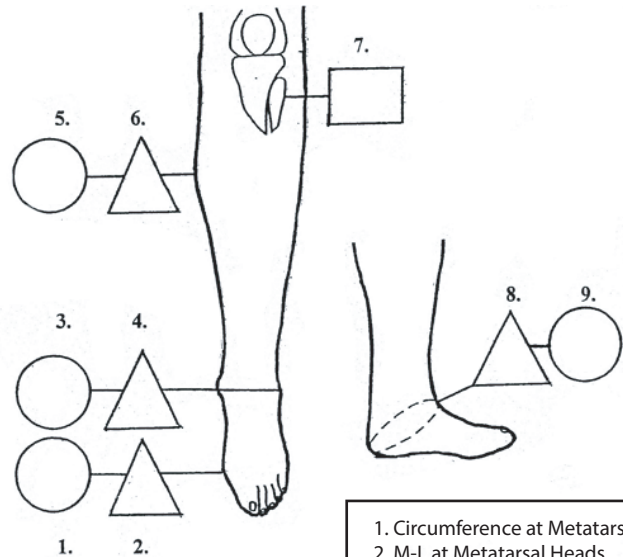
MODIFYING INSTRUCTIONS

- 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 _____
☐ Foot Insert ☐ Plastazote ☐ EVA ☐ Other: _____



EXTERNAL POST

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

ADDITIONAL INFORMATION

