AFO Order Form

CUSTOM COMPOSITE MFG, INC

TO ENSURE PROMPT FABRICATION AND SHIPMENT OF YOUR ORDER, PLEASE CAREFULLY COMPLETE THIS FORM IN ITS ENTIRETY.

With all custom made devices, a large part of the quality of the fit is dependent upon the cast that is received. We rely on you to provide us with an accurate casting of your patient. **Casting instructions can be found online at www.cc-mfg.com or call us toll free at 866-273-2230 and we can fax them to you.** Adhering to these instructions will help ensure the accuracy of your order.

Patient and Practitioner Information

Patient_____Height_____Weight_____Age_____

Ankle Position Under Weight Bearing Condition: _____Varus _____Valgus _____Neutral

Activity Level _____Low: Community ambulation, mainly on level surfaces

_____Moderate: Average walking, variable speeds

_____High: Variable speeds and terrain, light lifting, occasional recreation activity

_____Extremely High: Rigorous and variable walking, heavy labor/sports

Diagnosis_____PO#_____

Facility_____Practitioner_____

Phone#_____Best Time To Call_____

Design Information	Energy return	Energy return & stability	High stability & Floor reaction
Design Type	_____FlexorBand	_____Hybrid Medial Strut ***w/ Calf Band***	_____***Solid Ankle*** Anterior Medial
	_____Lateral Strut	_____Hybrid Medial Strut ***w/ Anterior Shell***	_____***Solid Ankle*** Posterior
	_____Posterior Lateral Strut	_____Hybrid Medial Strut ***w/ Posterior Calf***	_____Partial Foot Prosthesis
	_____Spiral	_____TMA Prosthesis	

Heel Height _____Flat _____⅜" _____½" _____¾"

Total Height _____Inches Fabrication Side _____Left _____Right _____Bilateral

Cosmetic Finish _____Carbon (Standard) _____Flesh Tone

Instructions _____

_____

Shipping Information

Ship To Address _____ Shipping Method _____Ground _____2nd Day

_____ _____Other (specify below)

_____ _____