



AFO Order Form

Completing all the information below will help insure an accurate, lightweight, and well-functioning device for your patient.

Patient / Practitioner Information

Patient _____ Height _____ Weight _____ Age _____

Ankle position during **weight bearing*** Varus Valgus Neutral Shoe size _____

Activity level

- Low: Community ambulation, Mainly on level surfaces
- Moderate: Average walking, variable speeds
- High: Variable speeds and terrain, light lifting, occasional recreation
- Extremely High: Rigorous and variable walking, heavy labor/sports

Diagnosis _____ PO# _____

Facility _____ Avant# _____ Practitioner _____

Phone# _____ Best time to call _____

weight bearing: Whenever possible, simulate a **weight bearing condition when a cast or scan is taken*

Design Information

Lateral Struts	Medial Struts	Ankle stability / Knee control
<input type="checkbox"/> FlexorBand 47342	<input type="checkbox"/> Medial strut / Calf Band 47343	<input type="checkbox"/> Solid Ankle anterior medial 47330
<input type="checkbox"/> Lateral strut 47320	<input type="checkbox"/> Medial strut-Anterior shell 47352	<input type="checkbox"/> Solid Ankle Posterior 47301
<input type="checkbox"/> Posterior Lateral Strut 47289	<input type="checkbox"/> Medial strut-Posterior Calf 47333	<input type="checkbox"/> Partial foot Prosthesis 47339
<input type="checkbox"/> Lateral -Anterior shell 47654	<input type="checkbox"/> TMA Prosthesis 47365	<input type="checkbox"/> Posterior Spring 47538

Heel Height Flat 3/8" 1/2" 3/4" other _____

Total Height _____ inches Fabrication side Left Right Bilateral

Instructions: _____

Options:	<input type="checkbox"/> Flesh tone Light - 47345	<input type="checkbox"/> Flesh tone Med - 47563	<input type="checkbox"/> Flesh tone dark - 47564
	<input type="checkbox"/> Diabetic foot bed - 47353	<input type="checkbox"/> CMT foot bed - 47415	<input type="checkbox"/> Proflex SMO - 47429
	<input type="checkbox"/> Ankle strap - 47399	<input type="checkbox"/> Plastizote lining- 47360	<input type="checkbox"/> HD Construction - 47358

Shipping Information Ship Method Ground 2nd day other _____

Address _____
