



PLASTIC HINGED AFO

Patient _____ PO# _____ Diagnosis _____
 Clinic _____ Due Date (Rush Fee May Apply) _____
 Clinician _____ Height _____ Weight _____
 Phone _____ Age _____ Sex _____ Shoe Size _____

PATIENT ID		INTERNAL USE - DO NOT FILL IN PATIENT ID
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Step 1: Device Type + Joints and Stops

L B R	STANDARD	L B R	STIRRUP		JOINTS AND STOPS												
Alternate Footplate Plastic Lengths* <input type="checkbox"/> Proximal to Metatarsal Heads <input type="checkbox"/> Full Length  <input type="checkbox"/> EVA Footplate Padding (Full Length) *Standard Footplate Plastic Length is to Sulcus		Alternate Footplate Plastic Lengths* <input type="checkbox"/> Proximal to Metatarsal Heads <input type="checkbox"/> Full Length  <input type="checkbox"/> No Footplate Padding <input type="checkbox"/> Footplate Padding to Sulcus Only *Standard Design is Footplate Plastic Length to Sulcus with Full Length Footplate Padding Included		+	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">L B R</td> <td style="padding: 5px;">Free Motion Tamaracks</td> </tr> <tr> <td style="padding: 5px;">L B R</td> <td style="padding: 5px;">Dorsiflexion Assist Tamaracks</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> 75 Durometer <input type="checkbox"/> 85 Durometer <input type="checkbox"/> 95 Durometer </td> </tr> <tr> <td style="padding: 5px;">L B R</td> <td style="padding: 5px;">Plantarflexion Stop</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Adjustable Stop <input type="checkbox"/> Snap Stop </td> </tr> <tr> <td style="padding: 5px;">L B R</td> <td style="padding: 5px;">Dorsiflexion Stop (Strap)</td> </tr> </table>	L B R	Free Motion Tamaracks	L B R	Dorsiflexion Assist Tamaracks		<input type="checkbox"/> 75 Durometer <input type="checkbox"/> 85 Durometer <input type="checkbox"/> 95 Durometer	L B R	Plantarflexion Stop		<input type="checkbox"/> Adjustable Stop <input type="checkbox"/> Snap Stop	L B R	Dorsiflexion Stop (Strap)
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Straps and pads included, but not shown above. Check back of form for material specifications. Plastic will be selected based on patient weight.

Step 2: Modifications and Additions

Primary Color or Transfer Pattern: Natural Black Blue Pink US Flag Forest Camo Other _____

ANKLE AND REARFOOT	ANKLE AND REARFOOT	MIDFOOT	FOREFOOT																																				
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*Ankle, rearfoot, and forefoot correction to neutral is standard. Stirrup posting is standard.

Step 3: Order Notes and Special Requests



(P) 210-657-8100
(F) 210-657-8105

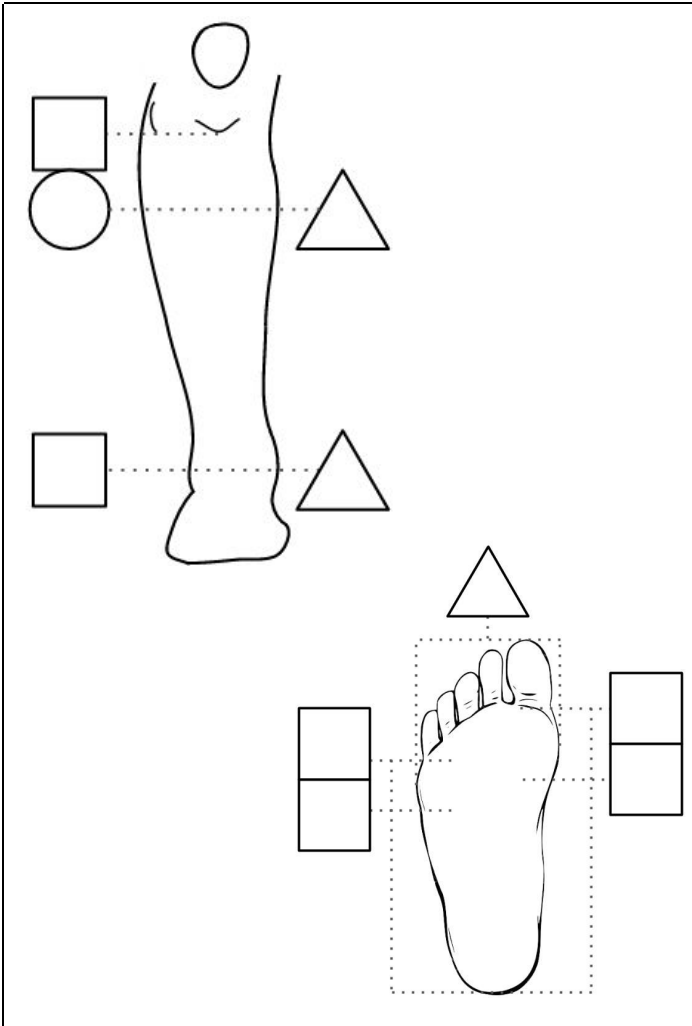
RECEIVED DATE	COMPLETED DATE

www.AODCFAB.com
info@aodcfab.com

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Step 4: Measurements

Measurements are not necessary, but will improve the accuracy of the final product.



Material Specifications

Call with questions or for other material options.
Warranty information available at www.AODCFAB.com

STANDARD

- Polypropylene Homopolymer Shell
- 35 Durometer EVA Padded Footplate *optional*
- 25 Durometer EVA Malleolar and Arch Padding

STIRRUP

- Polypropylene Homopolymer Shell
- 35 Durometer EVA Wing Padding
- 35 Durometer EVA Padded Footplate
- 25 Durometer EVA Malleolar and Arch Padding

INTERNAL USE - DO NOT WRITE BELOW

CUSTOMER COMMUNICATIONS