





PLASTIC SOLID 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

L B R TURBO	L B R POSTERIOR	L B R LEAF SPRING	L B R ANKLE GAUNTLET
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 Plastic Length is to Sulcus	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 Plastic Length is to Sulcus	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 Plastic Length is to Sulcus	Alternate Footplate Lengths* <input type="checkbox"/> To Sulcus <input type="checkbox"/> Full Length  <input type="checkbox"/> Laces Only <input type="checkbox"/> Velcro only <input type="checkbox"/> Laces Distal, Velcro Proximal *Standard Length is Proximal to Met Heads

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
L B R Do Not Change Ankle* Or Change to _____ L B R Do Not Change Rearfoot* Or Change to _____ L B R Dynamic Force Strap To Correct Subtalar Varus/Valgus L B R Sabolich Trimline To Correct Subtalar Varus/Valgus L B R Posted	L B R Inner Boot <input type="checkbox"/> EVA Foam <input type="checkbox"/> Polyethylene L B R Medial Wedge Height or Angle _____ L B R Lateral Wedge Height or Angle _____ L B R Posterior Wedge Height or Angle _____	L B R Increase Arch Height L B R Decrease Arch Height L B R Navicular Relief L B R Cuboid Relief	L B R Do Not Change* Or Change to _____ L B R Medial Wedge Height or Angle _____ L B R Lateral Wedge Height or Angle _____ L B R Metatarsal Pad Small Medium Large L B R Toe Crest Pad

*Ankle, rearfoot, and forefoot correction to neutral is standard.

Step 3: Order Notes and Special Requests



(P) 210-657-8100

(F) 210-657-8105

RECEIVED DATE	COMPLETED DATE

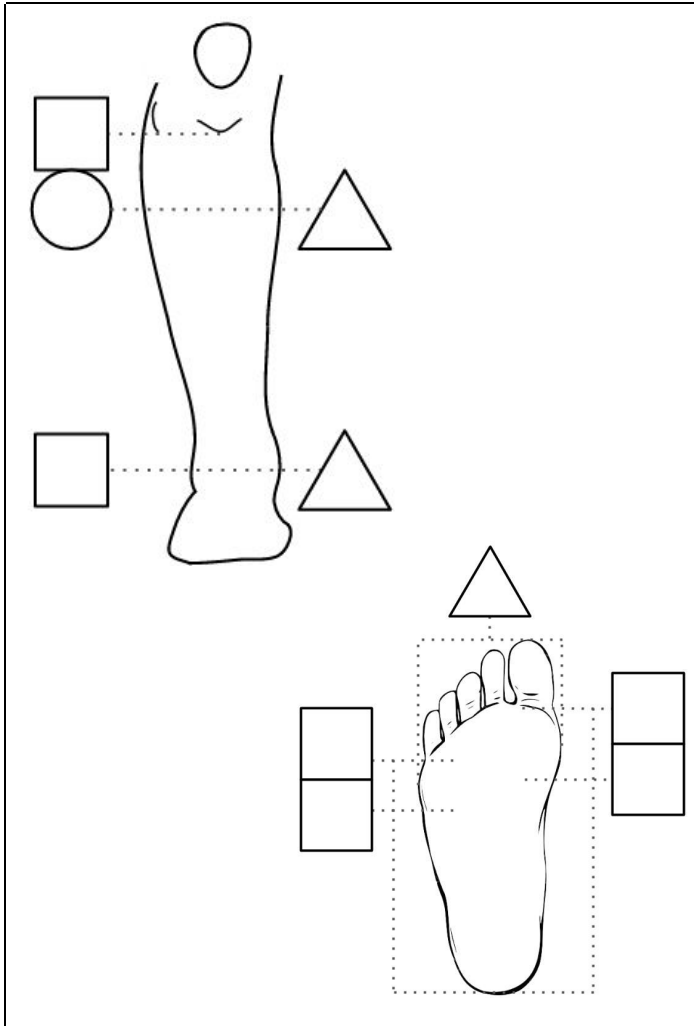
www.AODCFAB.com

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

TURBO

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

POSTERIOR

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

LEAF SPRING

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

ANKLE GAUNTLET

- 35 Durometer EVA Lining
- Polypropylene Copolymer Shell
- Medium Black Cow Leather

INTERNAL USE - DO NOT WRITE BELOW

CUSTOMER COMMUNICATIONS