



CELEBRATING
20
YEARS

PEDORTHIC LABORATORY SPECIALTIES
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AFO ORDER FORM

LEATHER GAUNTLETS

Overall Height Measurement

Solid Ankle

All Leather

6" 9" 12" (No Plastic) 6" 9"



Solid Extended

12"

Partial Foot

9" 12"



HYBRID PLASTIC

Dorsi Assist

Overlap

Free Motion Tamarack



LEATHER ARTICULATED ANKLE

M Brace (Overlap)

6"

M Brace (Overlap)

9"

Free Motion Tamarack

9"



PROPRIO BALANCE BRACE

Standard



TRADITIONAL PLASTIC

Leaf Spring

Solid

Meridian Range of Motion



Free Motion Tamarack

Dorsi Assist

Oklahoma Joint



PATIENT NAME / REFERENCE NUMBER _____ PO# _____

DIAGNOSIS _____

GENDER _____ HEIGHT _____ WEIGHT _____ SHOE SIZE _____

LT RT B/L SHOE CLOSURE: VELCRO LACES



OVERALL HEIGHT OF AFO: _____

FACILITY _____ PRACTITIONER _____

ADDRESS _____

PHONE (_____) _____ - _____ FAX (_____) _____ - _____

CAST MODIFICATIONS

FOREFOOT: LEAVE AS IS CORRECT TO NEUTRAL

HINDFOOT: LEAVE AS IS CORRECT TO NEUTRAL

ANKLE: LEAVE AS IS CORRECT TO NEUTRAL

POLY PRO OPTIONS

POLY PRO COLOR: BLACK NATURAL

POLY PRO THICKNESS: _____

ANKLE JOINTS

For Articulated Ankle AFO Except Overlap Design

DORSI ASSIST TAMARACK OKLAHOMA JOINT 90° PLANTAR STOP

FREE MOTION TAMARACK MERIDIAN RANGE OF MOTION

FOOT PLATE CONSIDERATIONS

POST FOREFOOT: MED _____° LAT _____° MULTIDENS. INSERT

FOOT PLATE TRIM: PROXIMAL TO METS SULCUS FULL FOOTPLATE

FOOT PLATE COVER: PROXIMAL TO METS SULCUS TO TOES

AFO CLOSURE

VELCRO LACE EYELETS SPEEDLACES HOOKS

COMBINATION OF SELECTED (Please describe in notes)

BRACE LEATHER COLOR:

WHITE BLACK BONE TAN MEDIUM BROWN

SPECIAL INSTRUCTIONS: _____

