

SINCE 1997 • PedorthicLab.com

West Coast Laboratory 21500 Osborne St. Canoga Park, CA 91304 Phone **(818) 734-7080** Fax **(818) 734-9040** Email **orders@pedorthiclab.com**

AFO ORDER FORM

					TRADITIONAL PLASTIC			
LEATHER GA	leasurement	H` ∩ Dorsi Assist	YBRID PLAS1 ∩ Overlap	← Free Motion				
Solid Ankle () 6" () 9" () 12"	All Leather		Otteriap	Tamarack	U Leaf Spring	() Solid (Meridian Range of Motion	
Solid Extended	Partial Foot	M Brace M B	CULATED ANKL race Free Motic rlap) Tamarack	BALANCE BRACE	O Free Motion Tamarack	O Dorsi Assist	O Oklahoma Joint	
		O 6" O	9" 09"	O Standard				
PATIENT NAME / REFERENCE NUMBER								
DIAGNOSIS								
GENDER HEIGHT WEIGHT SHOE SIZE								
FACILITY PRACTITIONER 1 2								
PHONE () FAX () 1 2								
CAST MODIFICATIONS POLY PRO OPTIONS								
FOREFOOT: O LEAVE AS IS O CORRECT TO NEUTRAL POLY PRO COLOR: O BLACK O NATURAL								
HINDFOOT: O LEAVE AS IS O CORRECT TO NEUTRAL POLY PRO THICKNESS: 1 2								
		TO NEUTRAL		AFO CLOSURE				
ANKLE JOINTS For Articulated Ankle AFO Except Overlap Design								
O DORSI ASSIST TAMARACK O OKLAHOMA JOINT O 90° PLANTAR STOP O FREE MOTION TAMARACK O MERIDIAN RANGE OF MOTION				O COMBINATION OF SELECTED (Please describe in notes)				
FOOT PLATE CONSIDERATIONS				SPECIAL INSTRU				
POST FOREFOOT:) med° ()	LAT° () MU	JLTIDENS. INSERT					
FOOT PLATE TRIM:	FOOT PLATE TRIM: O PROXIMAL TO METS O SULCUS O FULL FOOTPLATE							
FOOT PLATE COVER: O PROXIMAL TO METS O SULCUS O TO TOES								