

Orthotic AFO Prepreg DP-X Order Form

Company:	PO:	Due Date:
Address:	Shipping: <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS Next Day	
	<input type="checkbox"/> UPS 2nd Day	
Practitioner:	Phone:	Email:

Patient Information

Patient Name: _____ Weight: _____ Female Male Left Right

Negative Wrap Modification:

- Leave Ankle as casted Leave Hindfoot as casted
 Correct to: _____ °DF Correct to: _____ °
 Correct to: _____ °PF

AFO DP-X Color Configuration

- Black
 Sleeve for Prepreg: _____

AFO DP-X Strut and Forefoot Configuration

- Soft Strut Soft Toe
 Medium Strut Medium Toe
 Hard Strut Hard Toe

AFO DP-X Trim Configuration

- Low Profile Foot Plate
 Foot Plate with Dorsum Wrap
 Foot Plate with SMO Style Dorsum Wrap

AFO DP-X Liner Configuration

- Microcell Puff Calf and Footplate Liner
 Airflex Calf Liner and 3mm Microcell Puff Footplate Liner
 Airflex Calf Liner and 5mm Microcell Puff Footplate Liner
 Other: _____
 Add Padding: _____

AFO DP-X Inner Boot Configuration - add on

- PE Inner Boot No Liner
 Proflex Inner Boot 3mm Microcell Puff Liner
 Proflex w Silicone Boot 5mm Microcell Puff Liner
 Other: _____

