

# Orthotic AFO Thermoplastic 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 Thermoplastic Configuration

- Rigid  
 Semi Rigid  
 Leaf Spring  
 Ankle Joint: \_\_\_\_\_  
 Carbon Spring Size: \_\_\_\_\_

### AFO Thermoplastic Material and Thickness

- Copoly - Natural     1/8 Inch  
 Copoly - Black     5/32 Inch  
 Polypro     3/16 Inch  
 Transfer Paper     1/4 Inch

### Liners

- Full Liner     Additional Padding  
 Partial Liner \_\_\_\_\_  
 Foot     Calf

### Liner Material

- Microcell Puff     Other: \_\_\_\_\_  
 2mm     3mm     4mm     5mm

### AFO Thermoplastic Inner Boot

- PE Inner Boot     Proflex w Silicone Boot  
 Proflex Inner Boot

