

Ordered by: _____
 BILLING: P.O. Number _____
 Bill To: _____
 Address: _____
 City: _____
 Prov: _____ Postal Code: _____ Country: _____
 Phone: (_____) _____ Fax: (_____) _____

Phone # (_____) _____
 Account # _____
 Ship To: _____
 Address: _____
 City: _____
 Prov: _____ Postal Code: _____ Country: _____
 Phone: (_____) _____ Fax: (_____) _____

Shipping Preference: Ground Express

Received Date

Patient's Last Name: _____
 Patient's First Name: _____
 Male Female
 Age _____ Height _____ Weight _____
 Leg: Left Right
 Patient's Clinical Diagnosis: _____
 Surgeries (type/date): _____
 Is the patient currently using any assistive device?
 Brace/KAFO Cane Crutch
 Walker Wheel chair

What Ankle Control Do You Need This AFO To Provide?

Please check all that apply

- Dorsiflexion Plantarflexion
 Inversion Eversion

Ankle/Foot Evaluation (Weight Bearing)

Weight bearing ankle position is:

- Neutral Inverted Everted

Ankle movement:

- Flexible Rigid

Dorsiflexion & Plantarflexion range of motion:

- Full ROM Limited ROM Fused

Casted Position

- WB Semi WB Non WB
 Do not correct casted position
 Please correct the following:
 Forefoot supination Hindfoot inversion
 Forefoot pronation Hindfoot eversion
 Plantar flexion to _____°
 Dorsi flexion to _____°

Bend Knee To 90 Degrees & Check Toe Out

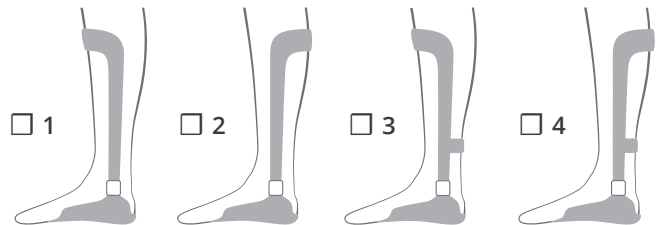
Toe out degrees _____°

Heel height of shoe in inches _____"

Select shell configuration (check one box)

Options 3 and 4 strongly recommended when ordering anterior stop ankle joints for floor reaction control. A strap is positioned opposite the proximal band. If you would like a band or strap added, please clearly mark additions on the model you have marked and write in the measurement from ankle joint to the desired height in the space, below.

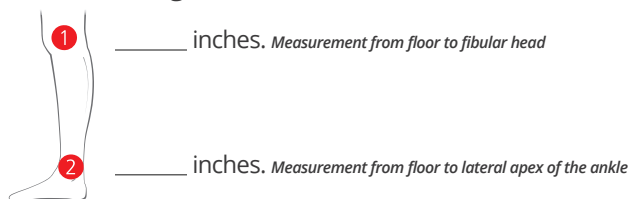
- Add strap: inches _____ from ankle joint
 Add band: inches _____ from ankle joint
 Add dorsi foot strap



When using anterior stop ankle joints for floor reaction control, we recommend a posterior distal band above the ankle joints

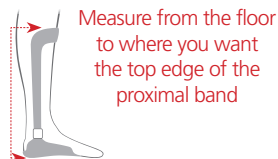
*Indicates additional charges apply

Provide Height Measurements



Choose Total Height of the Brace

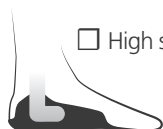
- 8 inches
- 9 inches
- 10 inches
- 11 inches
- 12 inches
- 13 inches
- Other _____"



Foot Plate Selections

(Material, sides, length, heel, pad)

- Graphite lamination *(Not available in sulcus or toe length)*
- Polypropylene *(Stiff, heat adjustable)*
- Co-polymer *(Softer, more flexible, heat adjustable)*
- Black poly pro *(Good all around and heat adjustable)*



High sides *(UCB type)*






Low side *(Sole plate)*

DO NOT use low side foot plate with anterior stop ankle joints

Foot Plate Trim

- Heel cup *(proximal to the base of the 5th metatarsal)*
- Trim proximal to the metatarsal heads
- Trim to toe sulcus
- Trim to toes - Outline of full foot required!!!

Heel Trim

-  Open heel *(graphite footplate only)*
-  Half heel
-  Full heel *(Closed)*

Foot Plate Padding

- Fabricate entire foot plate with no padding
- Line entire foot plate with 1/8 inch padding
- Line entire foot plate with 1/4 inch padding
- Line sides with 1/8 inch; sole with 1/4 inch
- Line sole with 1/8 inch; no padding on sides

Ankle Joint Options

- Set ankle joint M/L to _____" *(Standard spacing is 1/4 inch)*
- Attach to shoe *(Practitioner must send footwear with cast. Footwear must have solid stirrup or split caliper pre-attached with appropriate toe out and M/L)*

Solid lamination *(Fused ankle)*

- Set at _____° dorsi flexion
- Set at _____° plantar flexion

Townsend Ankle Joints

- Free ankle Dorsi assist
- Single adj. with anterior stop Single adj. with posterior stop
- Single adj. with ant. stop & assist Double adjustable
- Double adjustable with assist

Proteor Urethane Ankle Joints

(these joints are fabricated with no plantar stop)

- Reinforced Straight Reinforced Dorsi-Assist

Becker Ankle Joints

(Townsend stocked items)

- Double Adjustable *(Model # SLI-2825-A)*
(Ships with springs, pins available on Request)
- Dorsi-Flexion Assist *(Model # 3225-A)*
- Standard Action *(Model # 3025-A)*
(Fused ankle when assembled)
 - Set fused ankle position at _____° of plantar flexion
 - Set fused ankle position at _____° of dorsi flexion
- Grind limited motion to:
_____° plantar flexion **and/or** _____° dorsi flexion
- Grind as free ankle

Brace Color *(Select one)*

Textured Powdercoat Finish *(Lightest, most durable finish)*

- Black Antique Pewter *(silver)*
- Royal Blue Burgundy

Paint Finish

- High Gloss
 - Black Royal Blue Burgundy
 - Beige White Burnt Emerald Green
 - Orange Dark Violet Steel Blue
 - Indy Yellow Quicksilver

Custom High Gloss Paint Finish *(additional charge)*

- Provide custom paint # _____

Custom Hydro Dip Finish *(additional charge)*

- Provide hydro dip film # _____

Extra Shell Liners

- 1 Extra set of liners 2 Extra sets of liners

Comments: _____
