



orthotic lab, inc.
 14 Schiber Court
 Maryville, IL 62026
 PH: 618-208-4444
 FAX: 618-205-3461
 sales@nsolinc.com
 www.newsteporthotics.com

AFO ORDER FORM

Dr/Practitioner
 Name _____
 Facility Name _____
 And Address: _____

**DO NOT
 LEAVE BLANK**

PURCHASE ORDER #

3 Day Rush \$75

FOR OFFICE USE ONLY

Cast ID _____

Scanned

Name: _____

M F Age _____ Weight Lbs. _____ Footwear _____

Side: Left Right Both

Diagnosis

CLASSIC	HEIGHT	CONTROL	COLOR	ADDITIONAL OPTIONS
<input type="checkbox"/> Leather <input type="checkbox"/> Combo <input type="checkbox"/> Sport <input type="checkbox"/> Velcro <input type="checkbox"/> Balance	<input type="checkbox"/> Short (1-2" ANKLE) <input type="checkbox"/> Standard (5" ANKLE) <input type="checkbox"/> Tall (9" ANKLE) OPTIONS: <input type="checkbox"/> Plastic Heel Cutout <input type="checkbox"/> Spring Leaf	<input type="checkbox"/> Flexible <input type="checkbox"/> Semi-Rigid <input type="checkbox"/> Rigid	<input type="checkbox"/> Black <input type="checkbox"/> Sand <input type="checkbox"/> Brown <input type="checkbox"/> White <input type="checkbox"/> Pink	<input type="checkbox"/> Speed Laces <input type="checkbox"/> Speed Hooks <input type="checkbox"/> Add Soft Foot Liner

STANDARD AFO	THICKNESS	LINER	JOINT TYPE	POSTERIOR STOPS	CAST MODS
<input type="checkbox"/> Solid Ankle <input type="checkbox"/> Leaf Spring <input type="checkbox"/> SMO	<input type="checkbox"/> 1/8" Plastic <input type="checkbox"/> 5/32" Plastic <input type="checkbox"/> 3/16" Plastic <input type="checkbox"/> 1/4" Plastic	<input type="checkbox"/> Aliplast <input type="checkbox"/> Plastizote <input type="checkbox"/> Other _____ OPTIONS: <input type="checkbox"/> Full AFO <input type="checkbox"/> Foot Plate Only	<input type="checkbox"/> Tamarack STD <input type="checkbox"/> Dorsi Assist <input type="checkbox"/> Variable Assist <input type="checkbox"/> Other _____	<input type="checkbox"/> Adjustable <input type="checkbox"/> Standard STRAPS <input type="checkbox"/> Calf <input type="checkbox"/> Instep <input type="checkbox"/> Forefoot	ANKLE <input type="checkbox"/> Correct to 90° <input type="checkbox"/> Leave as Casted FOREFOOT <input type="checkbox"/> Correct to Neutral <input type="checkbox"/> Leave as Casted

SIGNATURE AFO	FOOT PLATE	LINER	HEEL LIFT
<input type="checkbox"/> Free Motion <input type="checkbox"/> Dynamic PLATE TRIM <input type="checkbox"/> UCBL <input type="checkbox"/> Standard	HEEL POST: <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> None FOREFOOT: <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> None	<input type="checkbox"/> Thermal Mold <input type="checkbox"/> Diabetic OPTIONS: <input type="checkbox"/> 3/4" <input type="checkbox"/> Full <input type="checkbox"/> Archpad	<input type="checkbox"/> _____ MODIFICATIONS FOR ALL AFO'S <input type="checkbox"/> Met Pads <input type="checkbox"/> Styloid Relief <input type="checkbox"/> Navicular Relief

SPECIAL INSTRUCTIONS: _____

