

PATIENT INFORMATION			
Today's Date: _____	Due Date: _____	Account #: _____	P.O. #: _____
Patient Name: _____		Facility: _____	Practitioner: _____
Patient ID#: _____		Bill To: _____	Ship To: _____
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Affected Side: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral		
Age: _____	Height: _____	Weight: _____	<input type="checkbox"/> Ground <input type="checkbox"/> 2 Day <input type="checkbox"/> Next Day

ORDER DESCRIPTION		
① Device: <input type="checkbox"/> KAFO <input type="checkbox"/> KO <input type="checkbox"/> N/A Cast: Ready to Be Poured? <input type="checkbox"/> Yes <input type="checkbox"/> No Return Casts? <input type="checkbox"/> Yes <input type="checkbox"/> No Ankle Set In: _____ Knee Set In: _____ Knee Joints Part #: _____ Other Info: _____	Heel Wedge: <input type="checkbox"/> Lateral <input type="checkbox"/> Full <input type="checkbox"/> Medial <input type="checkbox"/> None Heel Height: _____	⑤ Finishing: <input type="checkbox"/> N/A Knee Joints: <input type="checkbox"/> Sandblasted <input type="checkbox"/> Polished <input type="checkbox"/> Powder Coated Color: _____ <input type="checkbox"/> Underplastic <input type="checkbox"/> Overplastic Ball Retainers: <input type="checkbox"/> Yes <input type="checkbox"/> No Straps: <input type="checkbox"/> Dacron Back <input type="checkbox"/> Hook & Loop Only <input type="checkbox"/> Leather Back <input type="checkbox"/> No Straps <input type="checkbox"/> Pad Straps Infra: _____ Supra: _____ Patella Strap: _____ Full Knee Cap: _____
② Modifications & Trims: <input type="checkbox"/> N/A Modification: <input type="checkbox"/> Minimal <input type="checkbox"/> Standard <input type="checkbox"/> Tone Reducing AFO Section Trimlines: <input type="checkbox"/> Flex <input type="checkbox"/> Semi-Rigid <input type="checkbox"/> Rigid <input type="checkbox"/> Solid Ankle Joints: <input type="checkbox"/> Tamarack <input type="checkbox"/> Oklahoma <input type="checkbox"/> Gillette <input type="checkbox"/> Gafney <input type="checkbox"/> Other: _____ Ankle Motion: <input type="checkbox"/> Solid <input type="checkbox"/> 90° <input type="checkbox"/> Free Foot Plate: <input type="checkbox"/> Full <input type="checkbox"/> Sulcus <input type="checkbox"/> Metatarsal <input type="checkbox"/> NYU/UCB Proximal Flare: <input type="checkbox"/> Yes <input type="checkbox"/> No Calf Flare: <input type="checkbox"/> Yes <input type="checkbox"/> No Dorsal Flaps: <input type="checkbox"/> Yes <input type="checkbox"/> No Forefoot Trim: <input type="checkbox"/> Extend Laterally <input type="checkbox"/> Extend Medially <input type="checkbox"/> Extend Both <input type="checkbox"/> Full Forefoot Wrap Sabolich: <input type="checkbox"/> Lateral <input type="checkbox"/> Medial	③ Material: <input type="checkbox"/> N/A Plastic: <input type="checkbox"/> PolyPro <input type="checkbox"/> PolyEth <input type="checkbox"/> CoPoly <input type="checkbox"/> LLDPE (MODPE) Plastic Color: <input type="checkbox"/> White <input type="checkbox"/> Flesh <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Other: _____ <input type="checkbox"/> Transfer Description: _____ Thickness: <input type="checkbox"/> 1/8 <input type="checkbox"/> 5/32 <input type="checkbox"/> 3/16 <input type="checkbox"/> 1/4 Tongue: <input type="checkbox"/> Yes <input type="checkbox"/> Calf <input type="checkbox"/> No <input type="checkbox"/> Thigh Thickness: _____ Material: _____	④ Padding: <input type="checkbox"/> N/A Padding: <input type="checkbox"/> Naviculars <input type="checkbox"/> Malleoli <input type="checkbox"/> Heel <input type="checkbox"/> Full Foot <input type="checkbox"/> Pad After Pull <input type="checkbox"/> No Padding <input type="checkbox"/> Pad Before Pull Padding Material: _____ Thickness: _____ Lining: <input type="checkbox"/> Yes <input type="checkbox"/> Calf <input type="checkbox"/> No <input type="checkbox"/> Thigh Lining Material: _____ Thickness: _____
Additional Instructions: _____ _____ _____		

