

ORTHOMERICA® SPECTRUM™ AFO SYSTEM ORDER FORM

6333 North Orange Blossom Trail, Orlando FL 32810 • www.orthomerica.com • phone 877-737-8444 • fax 877-737-8445

PATIENT INFO (PH)

LAST NAME/ID _____ FIRST NAME _____

AGE _____ HEIGHT _____ WEIGHT _____ SEX _____

DIAGNOSIS _____

PO# _____

LEFT RIGHT BI-LATERAL

REMARKS: _____

SHIPPING INFORMATION

PRACTITIONER _____ PHONE _____ FAX _____

FACILITY _____

SHIP TO ADDRESS _____

CITY _____ STATE _____ ZIP _____

Ground 2 Day Air Overnight Other: _____

Need by: _____

BILL TO ADDRESS _____

CITY _____ STATE _____ ZIP _____



CAST CORRECTION

Ankle Alignment
 90°
 ____° Dorsiflexion Plantarflexion
 Do Not Correct

Hindfoot Subtalar Alignment
 Neutral
 Do Not Correct

Forefoot Alignment
 Neutral
 Do Not Correct
 Other _____

Shorty Gauntlet still available.

| | | |
|------------------|-------------------------------|--------------------------|
| LEATHER | CLOSURE | IF ARTICULATING |
| Black | Laces +1 Velcro Strap* | Regular Tamarack* |
| Tan | Laces | Dorsi Assist Tamarack* |
| White | Velcro | Other _____ |
| SYNTHETIC | Boot Hooks | Plantar Stop* |
| White | Speed Laces | |
| Black | | |

PLASTIC INNER SHELL

Firm –heat adjustable

Flexible Proflex (ADDITIONAL CHARGE)*

Rigid Polypropylene—not heat adjustable

Cut-out Inner Shell from Heel*
 (heel will still be covered by leather or synthetic material, except on Slim versions)

POST (WILL INCUR ADDITIONAL CHARGE)

Hindfoot Medial Lateral _____"

Forefoot Medial Lateral _____"

Hind & Forefoot Medial Lateral _____"

Arch Post

MODIFICATION OPTIONS

Navicular Relief

Styloid 5th Met Relief

Other _____

ADDITIONAL OPTIONS (WILL INCUR ADDITIONAL CHARGE)

Leather Covered Toe Filler

Synthetic Covered Toe Filler

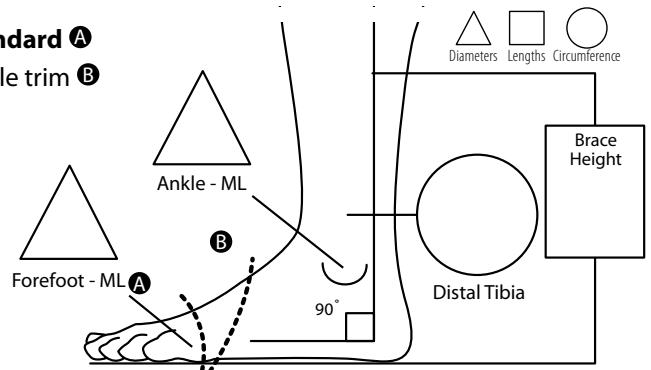
Add Extra Navicular Pad

TRIM

Standard A

Angle trim **B**

MEASUREMENTS (OVER 9" WILL INCUR ADDITIONAL CHARGE)



Special Instructions:

Unspecified options will default to those in **bold**.
 *Options do not apply to the Edema Gauntlet.