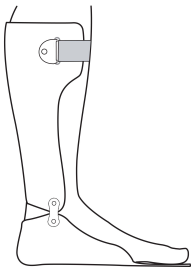
Standard Articulating AFO



Print Form

Patient ID: _____ **PO#:** _____ ☐ Bilateral ☐ Right ☐ Left

Facility: _____ Practitioner: _____ Email: _____

Phone#: _____

Ship To: _____

ORTHOMERICA PRODUCTS, INC.
6333 North Orange Blossom Trail
Orlando, FL 32810
(877) 737-8444
www.orthomerica.com/forms/lower-ex

MODIFICATION

Specify finished mold alignments
Flexion, Hind foot & Fore foot

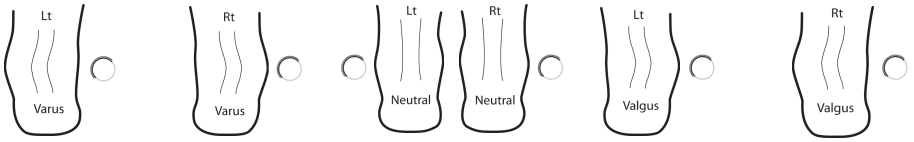
Left Ankle Flexion:

Right Ankle Flexion:

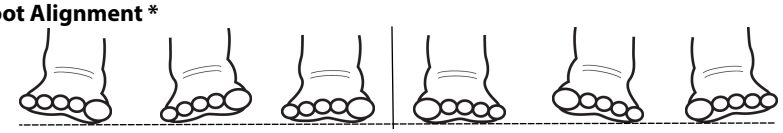
Modification Special Instructions:

Patient Diagnosis:

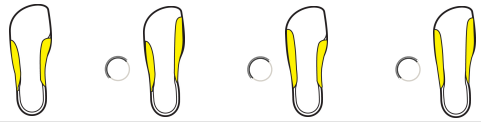
Hindfoot Alignment



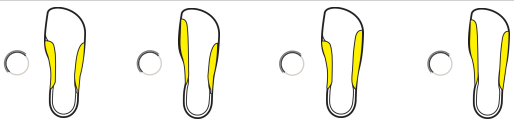
Forefoot Alignment *



LEFT Fore Foot Trim: ○ N/A



RIGHT Fore Foot Trim: ○ N/A



THERMOFORMING/GRIND & BUFF

POSTERIOR Shell: *Plastic Type:* *Plastic Thickness:* *Transfer on Plastic:* _____

LINER & PADDING *Location: NONE* *Thickness:* *Type:*

***** NO ANTERIOR SHELL ***** *Plastic Type:* *Plastic Thickness:*

LINER *Thickness:* *Type:*

SPECIAL TRIMS

FINISHED HEIGHT

Posterior Finished height =

FOOT LENGTH *Finished foot length =*

ANKLE JOINTS

Ankle Flexure Straight

STOPS

Plastic Stop

EXTERNAL POSTING

NONE

TREADING

NONE

Thermoforming Special Instructions:

Grind & Buff Special Instructions:

*** Note:** Pronation or Supination alignments will be externally posted to neutral

STRAPPING

Standard Calf Strap w D-Ring

Calf Strap - chafe = Medial

STRAP COLOR

White

Transfer on Straps: *NONE*

Strapping Special Instructions:

Reset Form