AFO ORTHOMETRY FORM

Today's Date: _____ Patient: _____

Facility: _____ Age: _____ Sex: _____ Ht: _____ Wt: _____

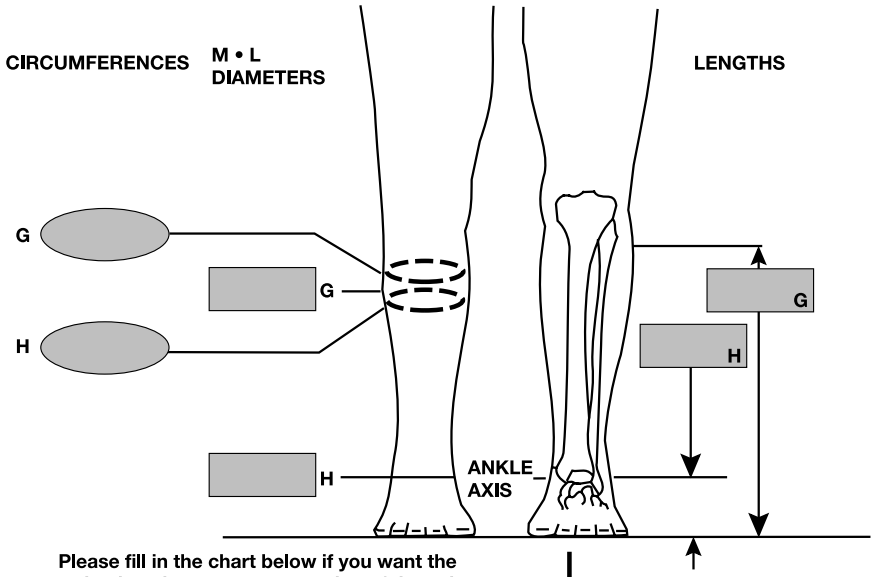
Street: _____ Diagnosis: _____

City: _____ State: _____ Zip:_____ _____

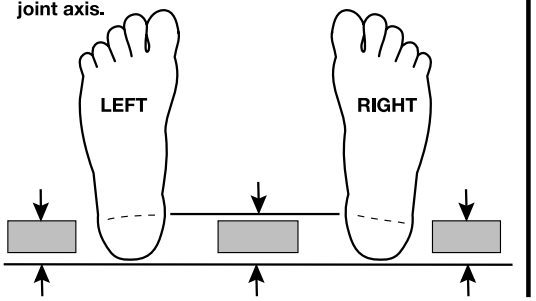
Orthotist: _____ Delivery Date: _____

Phone Number: _____ PO Number: _____

MEASUREMENTS: ☐ Inches ☐ Centimeters



Please fill in the chart below if you want the orthosis to have external rotation of the ankle joint axis.



Ankle

☐ Varus ☐ Valgus
☐ Flexible ☐ Rigid
Degrees: _____

☐ Toe Out ☐ Toe In
☐ Medial Plane
☐ Lateral Plane
Degrees: _____

Heel Height: _____

Additional Instructions: _____

_____

_____

_____

_____

_____

_____