

COD External AFO's

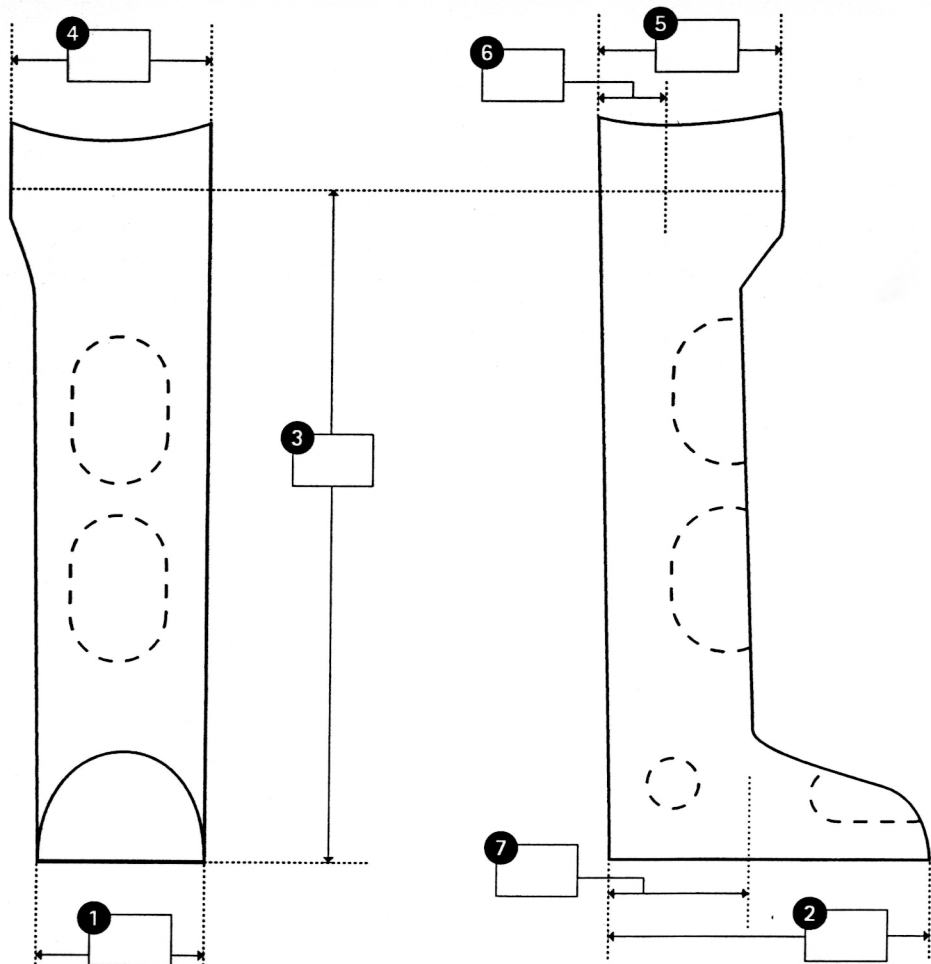
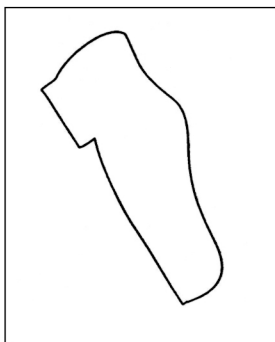
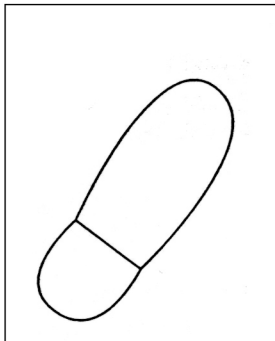


Date _____ PO# _____ Patient Name _____
Male/Female _____ Age _____ Weight _____ lbs. Height _____ ft. _____ in. _____
Diagnosis _____ Level _____
Orthotist _____ Phone _____ Fax _____
Ship/Bill to Address _____
City _____ State _____ Zip _____

Measurements

Fill out all measurement boxes on this form.

- 1. Shoe width at widest part
- 2. Shoe length
- 3. Knee center to floor
- 4. Knee width
- 5. Knee depth
- 6. Knee center to posterior
- 7. Shin - anterior to posterior
- 8. Include a traced outline of the patients shoes on seperate sheets



Options

Indicate Knee Joints Desired

- ☐ Drop Lock (1/4 x 3/4")
- ☐ Heavy Duty (1/4 x 1")
- ☐ Extra Heavy Duty (3/8 x 1", Lower Bar 1/4 x 1")

Color of Plastic (Polypropylene)

- ☐ Black ☐ Light Pink
- ☐ Blue ☐ Red
- ☐ Natural

Cut-Outs Included

- ☐ Yes
- ☐ No

Shipping

- ☐ Standard Ground
- ☐ RUSH (extra charge)
- ☐ Ship Assembled (extra charge)

If you need a custom design or expert advice please call us.
800.346.4746