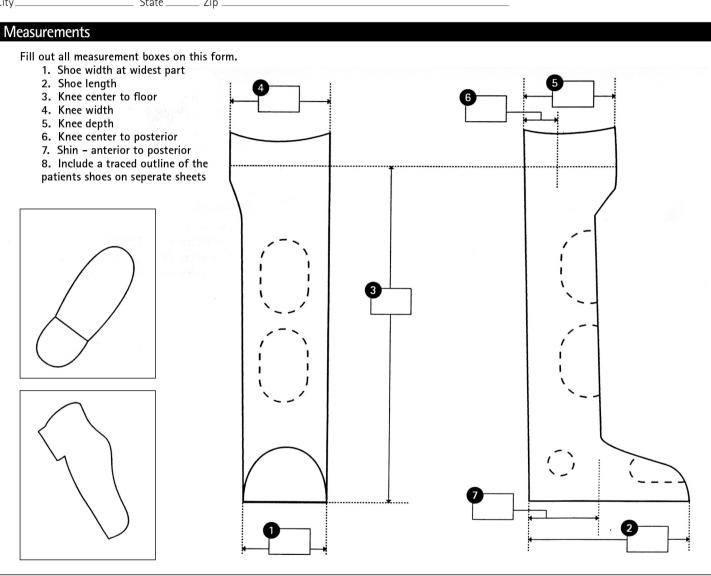
# COD External AFO's



\_\_\_ P0#\_ \_\_\_\_\_\_ Patient Name\_\_\_\_\_ Date\_ Male/Female \_\_\_\_\_\_ Age \_\_\_\_\_Weight \_\_\_\_\_ lbs. Height \_\_\_\_\_ ft. \_\_\_\_in. \_\_\_\_ Diagnosis \_\_\_\_\_\_ Level \_\_\_\_ \_\_\_\_\_\_ Phone \_\_\_\_\_\_ Fax \_\_\_\_\_ Orthotist\_\_\_ Ship/Bill to Address \_\_\_\_\_ \_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



## **Options**

### Indicate Knee Joints Desired

- $\Box$  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  $\square$  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