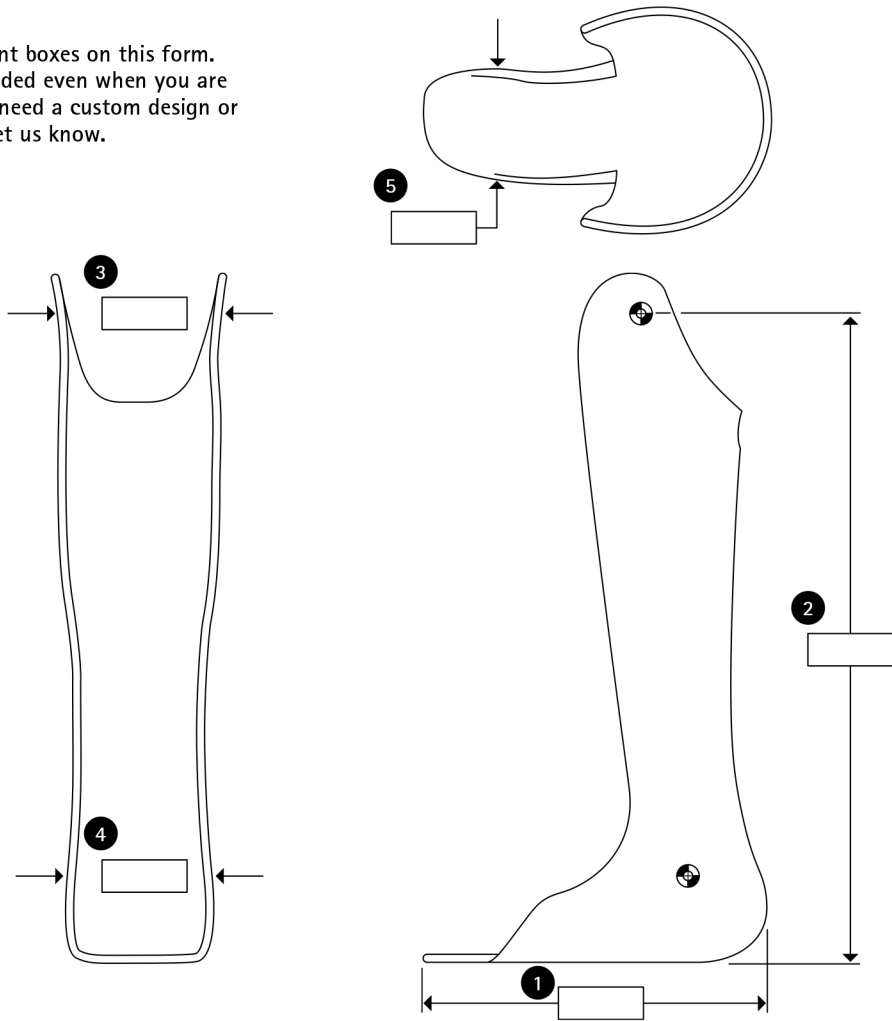


Internal AFO

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.
Measurements are needed even when you are
sending a cast. If you need a custom design or
expert advice please let us know.



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