

Easy AFO Order Form

www.pinetreeorthopedic.com

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Account:	CAST PREPARATION	LAB USE ONLY
Ship To:	OLEAVE AS CAST	Order ID:
	OCorrect Ankle Ovarus/ValgusODorsi/Plantarflexion OCorrect Forefoot to Neutral	DI// QC:
Practitioner:	DEVICE	TYPE
Phone #	OUCBL OSMO OPLS	
Patient:		
Age:	Solid Ankle AFO Semi-solid trim Solid trim Gaffney	Tamarack TM Dorsi-Assist JointFC2
PO Number:	Posterior Plastic 90 Adjustabl	Degree Adjustable Elite Stop
TRIM HEIGHT	PL	ASTIC
(Measure from floor to top of brace) Fib Head Widest Calf Ankle	OPoly Pro OCo-Poly OPE	Thickness:
	OTransfer Paper Design	
		r to Transfer Paper sell sheet)
		options t Heads
		blich TrimMedialLateral
	OMaterial	INER Thickness
		RAPS
		Dacron OCFold No D Ring (Layover Strap) ODacron OCFold
	SPECIAL INSTRUCTIONS	

Please be sure that casts submitted are an accurate representation of the patient's foot/leg alignment. Casts that are in extreme and preventable positions will be subject to additional fees for the time/resources needed to modify the cast to a useable level. If you have any questions about casting procedures, please feel free to call us BEFORE casting the patient and we will be more than happy to assist you. ©2018 PTOL Inc. Rev. 918v1